7 5 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH	220
infor- state UPA-	1. PLACE OF DEATH	80	
ould ould	County Carroll	Registration Dist. No.	14
item of should of OCC	Village or City Pypesville	No. DAM afula State Norhital St., death occurred in a hoppilal or institution, give its NAME instead of street and no	Ward
	Length of residence in city or town where death occurredyrs7mos.	death occurred in a hoppital or institution, give its NAME instead of street and not. 7. ds. How long in U.S. if of foreign hirth?	umber)
ld. Every rSICIANS statement	2. FULL NAME Victor F. antower		
J. E	(a) Residence: No. 129 Oak.	St. Ward Cumberland, Mary	land
ORD HYS sti	(Usual place of abode)	If nonresident give city or town and	
ECC Bat as a sa s	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
NT RILY.	In ale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH Ranch (Month) (Day)	, 193. d
DING IANEN A C T I ssifted	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended of January, 28th, 1928, to March 62	deceased from
BIN EX EX cla	6. DATE OF BIRTH (month, day, and year) Tharch 14 1886	Hast saw han alive on harch 3 1983	, 19.J J.
P. P	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9, 15 A. m.	, ucatii is sait
FOR E IS A P stated properly certificat	46 11 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1.5
	8. Trade, profession, or particular kind of work done, as SPINNER, Locomotive Eugineurs SAWYER, BDDKKEEPER, etc.	1.	Prior C
ED HIS	kind of work done, as SPINNER, Locarmotive Eugeneurs SAWYER, BDDKKEFPER, etc. 9. Industry or business in which work was done, as SILK MILL, BANK, atc. SAW MILL, BANK, atc.	Teneral aralysis of the	July
ERVI K—T hould may back	9. Industry or business in which work was done, as SILK MILL, BANK, atc	Insane.	1927
SE NR Sh sh it	1D. Date deceased last worked at Sulsy this occupation (month and 1992) 11. Total time (years) / 69124	dh	
	year) 1920 occupation	Dther Coutributory Causes of importance:	
N So A So tio	12. BIRTHPLACE (city of town) Luchannon		
NEGIN RENEADING	(State or country) Krest Vinginia 13. NAME Nerman aintower		
		Name of operation WWW.	
y su ain t	4 14. BIRTHPLACE (city or town) whomas Varguna (State or country) West Varguna	What test confirmed diagnosist	utoney? ho
WIT refull in pl	15. MAIDEN NAME ada V. Reed.	23. If death was due to external causes (VIDLENCE) fill in also the following:	:
Y, Y, sare H is	15. MAIDEN NAME ada V. Reed.	Accident, suicida, or homicide? Date of injury	, 19
be SAT	(State or country) West Virginia	Where did injury occur? (Specify city or town, county and State	
E PLAIN should be OF DEA	17. INFORMANT Openagher & State Hospital (Records) (Address) Dyklaville. md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
	18-BURIAL, CREMATION, OR REMDYAL Med Date Mar 8 19-33	Manner of injury	
WRITE mation s CAUSE	Place Date 1, 1923	wature of injury.	M
man CA TIC	19. UNDERTAKER // July 4 Jan July	24. Has disease of injuly in any way falated to occupation of deceased?	lv.
BB.	(Address) Sympaville W.d.	(Signed) folin h Marris	
» z	20. FILED/Mar. 6, 1933 Otary// Registrar.	(Address) (S.S. (4) Dy preville Md.	ivi. L
			-

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii ii	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECENSE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02721
1. PLACE OF DEATH	85-70
County Carroll	Registration Dist. No.
6'1-PIN/16	Registration Dist. No. 2
Village or City Rest = 1.7.2 1 2 1200	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Joseph S. Babylow.	
(a) Residence No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write they word)	21. DATE OF DEATH March = 3/ = 1935. (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	41.110.000
(an) House L. Babylow,	22. 3/I HEREBY CERTIFY, that I attanded deceased from 1933, to 3/3/ 1933
6. DATE OF BIRTH (month, day, and year) 1860 - 146.	I last saw h. Accountable on 3/30 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 Am.
73 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade explanation or particular	wera as follows:
Kind of work done, as SPINNER, asses	A
A Industry or business in which	100 a 80 as had the
work was done, as SILK MILL, SAW MILL, BANK, etc.	Cecta Server Rate Orcellaring
II. Total tima (years)	2/201
this occupation (month and spant in this occupation occupation	7/201.83
lacanott la	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Many Land,	
	Truesch aprilio delegano-
I 13. NAME Jacob Statylon	
14. BIRTHPLACE (city or town) United States	Nama of operation Date of
(State of Country)	What test confirmed diagnosis? Oynupland Was there an autopsy? NO.
15. MAIDEN NAME Lydia Young - 16. BIRTHPLACE (city or fown) 2000/19	23. If death was due to external causes (VIDL ENCE) fill in also the following:
[16. BIRTHPLACE (city of Jown) 2000	Accidant, suicide, or homicide? Date of injury19
E (State or country)	Where did injury occur?
17. INFORMANT Mrs. Flarence L. Balglon	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) P. F. D. Sykweille Mnd.	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Sellines da Custajate Upr. 3-,1933.	Nature of injury.
19. UNDERTAKER 6 M. Walts	24. Was diseasa or injury in any ways related to occupation of deceased?
(Address) It me field med.	If so, specify
alvill 33 Fina mother to	(Signed) Sheeker dark M.D.

If more blanks dre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpetter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1 N. B. of OCCUPA-

Exact statement

4	STATE O	F MARY	LAND-	CERTIFICATE OF DEATH	722
	1. PLACE OF DEATH		1 1 1 1 1	98-0	
	County Carroll			Registration Dist. No.	
	Village or City Backman	Inty. Carrell Registration Dist. No. No. No. No. No. No. No. No.	No. St.	Ward	
	Length of residence in city or town where de		f death occurred in a hospital or institution, give its NAME instead of street and numb s. /	er)	
11	2. FULL NAME Corne	lia B	achime		
	(a) Residence: No.	(Usual place of	abode)	St., Ward. If nonresident give city or town and State	
	PERSONAL AND STATISTIC	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
	Female white	OR DIVORCED	(write the word)	mar. 28 , 191	3 (Year)
		m Backm	an		
e te	DATE OF BIRTH (month, day, and yeer)	Lee 13 - 1	849	flast saw have alive on man 28 1933; de	ath is said
rtifica	AGE Years Months		I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related couses of importance	
8 Trade profession or particular		- La	25 Garage		
on back of	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc		*****	-	
- -	this occupation (month and	spent	in this		
instructions	2. BIRTHPLACE (city or town)(Stata or country) In aryla	nel			day
nst	13. NAME Phannel N.	enta		7	ers.
See in	14. BIRTHPLACE (city or town) (State or country) Mary	and			
nt.	15. MAIDEN NAME Elegabeth.	challe	_)y1
important.	16. BIRTHPLACE (city or town)	11		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended deceased from the word of t	19
odu W	(State or country) In arry	land			
very in	7. INFORMANT Mrs Colintar (Address) Westmans	Mach	K.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	State) PLACE.
S	B. BURIAL, CREMATION, OR REMOVAL, Piace John Luthe miller	Wate march	31.,1933		
TION	7	e fson		24. Was disease or injury in any way related to occupation of deceased?	>
21	0. FILED 30 , 1936 7	wood	Registrar.	(Signed) C. S. Bellingelfs	m. D
	If more be	lanks are needed, add	Iress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	RY	PHYSICIAN
TENNINE LEGITARIES	DI STORY I	IL LURININ	DIALEMENTS	17 1	THISICIAN

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-02
county flavolf	Registration Dist. No. 75
Village or City Marschustus List	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city, or town where deeth occurredyrsmps.	death occurred in a hospital of institution, give its INAINE instead of street and number) ds. How long in U.S. if of foreign birth? yrs
2. FULL NAME Susama, Cathe	ind Baumd archier
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MOSO. (Day) 1983 3
5a. If married, widowed, of divorced HUSBAND of	22. CHEREBY CERTIFY That I attended deceased from
(or) WIFE of AM J. Danngardur.	Pez 1 1938 10 much 14,19.33
6. DATE OF MIRTH (month, day, and year) and 4. 1762	I last saw h alive on
7. AGE Yeers Months Days If LESS than I day,hrs.	to heve occurred on the date stated above, at 3.3 2.5.
/ O ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	me of a state of
9. Industry or business in which	many of the
work was done, as SILK MILL, SAW MILL, BANK, etc.	
To. Date decessed last worked at this occupation (month and year) year) gentleft 11. Total time (years) spant in this geoupation	
Joseph Joan	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME ASSAU MISSON	
14. BIRTHPLACE (city of town)	Name of operation Dale of Dale of
(State of Country)	What test confirmed diagnosis? Character. Was there an autopsy?
15. MAIDEN NAME Cathering & M. Fryhrmas	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A TIME TO SAME ON THE MEDICAL PROPERTY TO PROPERTY TO PROPERTY TO PROPERTY TO THE PROPERTY TO PROPER	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION OR REMOVAL DEMANS, Church. Place DI Jarido Dere Mich of 7 1933	Manner of injury
Place O Vi 200 Tel 19 Date Man of 1, 19-5. P.	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way releted to occupation of deceased? If so, specify
May 15 23 Min O R (Day 100)	(Signed) Kat Henry M. D.
20. FILEB/100. 13 , 1953 M. W. H. J. Wellier Registrar.	(Address). Helenonen & as
If more blanks are needed, address State Registrar.	24 LI N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 WARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WIR, UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.		TOTAL CONTROL OF THE PROPERTY
MARGIN F	UNFADING	supplied. A	terms, so tl	ee instruction		ATHED
0	VLY, WILL	e carefully	ATH in plain	nportant. S.		MOTHER
	LAI	q plu	DE.	ry in		1
(7)	ITE P	ous no	SE OF	v is ve	The same of the same of	1
10.1	-WR	matic	CAU	TIOL		1
, s	N. B					2

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	L. PLACE OF DEATH	
	county Carroll,	Registration Dist. No.
	Village or City Gunbar, - Og. J. D., from	
		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs
L,	2. FULL NAME I rene & stelle Beas	V
	(a) Residence: No. Anne,	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March = 14 = 193 3 - (Month) (Day) (Yeer)
5a.	If married, widowed, or divorced	
	(or) WIFE of Late Homas Beasures	22. HEREBY CERTIFY, Thet I attended daceasad from
	DATE OF BIRTH (month, day, and year) 1848 - 5 - 20	I last saw harmalive on Frank 14 197 death is said
	AGE Yaars Months Oays If LESS than	to have occurred on the dete stated above, at 4.45 Cm.
	8 4 9 2 4 1 day,hrs.	The PRINCIPAL CAUSE OF OEATH end related causes of importance were as tollows:
z	8. Trade, profession, or perticuler	Date of enset
10		Cardio Espenshow heresal
CCUPATION	9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc	
000	10. Date deceased lest worked at this occupation (month and year) 11. Totel lime (years) spent in this occupation occupation	
12.	BIRTHPLACE (city or town) barroll les,	Other Contributory Causes of Importance: 7 mart 2) (101 / 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4
ER	(State of Country)	Och 1932 : due to accidental
H	13. NAME Sumul Harden,	fall Fall from clair afor which she had
FATH	14, BIRTHPLACE (city or lown)	Neme of operation setting. Question Date of
ER	15. MAIDEN NAME and Lowe,	What test confirmed diagnosis? Wes there en au'opsy? 23. If deeth was due 10 external ceuses (VIDL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or lown) Balto, les,	Accident, suicide, or homicide? Decident. Date of injury 9t 22, 1932.
Σ	(Stete or country) Making land,	Where did Injury occur? the home, wear Garden Carroll County.
17.	(Address) P.F. D. Franksty 2 200	(Specify city or town, county and State) me. Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury Oscidental fall
	Place VI. Seasont Country of Plan 16 -, 1933.	Nature of injury Fracture of right high.
19.	UNDERTAKER 6 M. Halls.	24. Was disease or injury in any way related to occupetion of deceased? The
	3/11- 28 / 1/200	(Signed) St. M. Slady M.D.
20.	FILED. 192 9 10 000 12 19 Registrar.	(Addrass) Curtantann Jack

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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BUREAU V. B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF MARYLAN	ND-CERTIFICATE OF DEATH 02736
1. PLACE OF DEATH	
County Carroll	Registration Dist. No.
Village of City or Freedow = 17. F. D. J	of Keen of No. C. Word
Length of residence in city or town where deeth occurred 4 Tyrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Catherine a Bren	nmed,
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDE OR DIVORCED (write the	word) March = 70 = 1933,
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Frederick Bressines	22. I HEREBY CERTIFY, That I attended deceased from
	1931, 10
6. DATE OF BIRTH (month, day, and year) / 850 - 5 - 19 7. AGE Years Months Devs If LES	I last saw h. cw alive on wave 20 ,1933; death is said
1 day	S than to have occurred on the date stated abova, at
8 7 1 0 1 or	min. Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, St. Lower SAWYER, BOOKKEPER, etc.	011 11 11 11 11
9. Industry or business in which	Circleral Termorrhage 3/20
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Dete decessed last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Balto, leo (State or country) Many Pand	Other Contributory Causes of Importence:
14. BIRTHPLACE (city or town)	
(State or country) (State or country)	Neme of operation Dete of
15. MAIDEN NAME Catherine South	What test confirmed diagnosis?
15. MAIDEN NAME Catherine Arroth 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicida? Date of Injury, 19
17. INFORMANT Mrs. David Gringes. (Address) Tr.F. D" 2 Dy travella Jud.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Harmony From Coostey Man, 22	1933. Nature of injury
19. UNDERTAKER CO. M. Halts (Address) Huefuld Trues	24. Wes disease or injury in eny way related to occupation of deceased? 115
20. FILED / 16.21 1. 1933 July 11. Here	(Signed) 9ND Nouse 4 M.D. istrar. (Address) Eldershare 9
If more Wanks are needed, address State	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.-The number of years the deceased followed the occupation.

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	Example 1	Na.	Example II	
The principal cause of of importance were as f	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	THE SHOP INVIDEN	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	าเร	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 7 1023	July5,1927	Peritonitis	3 days ago
	THREAD V.S.			
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerasis	Date of onset	The principal cause of death and related causes of importance were as follows:	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, WIT V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Oarroll	Registration Dist. No.
Village or City Westmuster	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Ellen May Brown	there.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Conth) (Day) (Year)
ia. If married, widowed, or divorced. HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Abril 30, 1839	That saw here alive on Merch 9 1953; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 50 fm.
93 10 10 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Cerebul Hacommages
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc Date deceased last worked et this occupation (month and spant in this	
this occupation (month and spent in this occupation	
DIRTHIN ACE (situation)	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Edward Avola)	
14. BIRTHPLACE (city or town)	Name of operation . Dete of .
(State or country) Mandaue	What test confirmed diagnosis?
15. MAIDEN NAME Queins Meurer	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country) Maryland	Where did injury occur?
17. INFORMANT. Edward J. Brothers	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place/Isturysles Date Mar. 13, 1933	Nature of injury
19. UNDERTAKER J. F. KUSL	24. Wes disease or Injury in any way related to occupation of deceased?
(Address) Westeriusles Med	It'so, specify
20. FILED Registrar.	(Signed) M. D. (Address) M. D.
	2411 M. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TO TAKE A U. A.			
			.4
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-N. B.—WRITE PLAINLY, WIT, UNFADING INK-THIS IS A PERMANENT RI mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING

V. S. No. 1

Exact statement of OCCUPA-

County	carroe	el_	MANIN C		To ea		Registration Dist. No.	6
	City West		7		0	200		(-)
	sidence in city or town	n where deat	h occurred	4) yrs. 9 mos	death occurred in a	hospital or institut	ion, give its NAME instead of street in foreign birth?yrs	War and number) mos,d
2. FULL N	ME Tu	rah	- 6.	3 roun				
(a) Reside	nce: Np.				St	Ward.		
			(Usual place				If nonresident give city or town	
	NAL AND STA						ERTIFICATE OF DEATI	H
3. SEX 4. COLOR OR RACE No Divorced (write the word) Male Nhile Married				21. DATE 0	F DEATH	Monchy (Day)	, 193 (Year)	
5a. If married, wide HUSBAND of (or) WIFE of	wed, or divorced .	Plat	er Boza	our	22. Jan /	HEREBY	CERTIFY, That I atten	ded deceased fro
6. DATE OF BIRTH	(month, day, and yea	ma	10 12	1858	last saw have	alive on	lasch 11 193	T death is sa
		onths	Days	If LESS than	to have occurred	on the date stated	sabove, at 9 F.m.	
74	9	7	29	1 day,hrs.	The PRINCIPAL were as follows?	CAUSE OF DEAT	H and related causes of importance	
8. Trade, prof	ession, or particular work done, as SPINN P. BOOKKEEPER atc.	VED /	+ 11 -	1.	A	rquia	(seclionary	Date of onse
SAWYE	n, Doonneeren, etc.	ich, / Tes	ired 7	armer		/		
Mork w	business in which as done, as SILK MIL ILL, BANK, etc	L,						
	sed last worked at upation (month and		11. Total t	ime (years)				
- 1000	upation (month and		spe	nt in this upation				
12. BIRTHPLACE (city or town)	0			Other Contributa	ry Causes of impor	rtance:	
(State or co		ryla	nd			+ * • • • • • • • • • • • • • • • • • •		
13. NAME	david	0.08.	Broc	en				
14. BIRTHPLAC	E (city or town)				Name of operatio	n	Date of	of
(State)	or country) 720 G	iryla	nd,		What test confirm	ned diagnosis?	Was there	an autopsy?
15. MAIDEN N	AME (fires	leha	Slefe	han	23. If death was du	re to external caus	ses (VIOLENCE) fill in also the follo	wing:
	E (city or town)						Date of injury	, 19
(State)	or country)	Dun	any		Where did injury		(Specify city or town, county and	State)
17. INFORMANT Paul Brown					Specify whether i	njury occurred in	INDUSTRY, in HOME, or in PUBLIC	PLACE.
(0.000000)	TION, OR REMOVAL	inste	_ m		Mannagatial			
(Address)	Place St John Lewslers Date march 13, 1983			uh 13 19 33	Manner of injury Nature of injury	M = 0 = 0 = 0 = 0 = 0 = 0	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
18. BURIAL, CREMA	John Lee							125111111111111
18. BURIAL, CREMA	John Lee	1	19. UNDERTAKER Ataankard + 5 m					
18. BURIAL, CREMA Place AN 19. UNDERTAKER	HBan West	bard	+50V	7 L		r injury in any wa	y related to occupation of deceased?	
18. BURIAL, CREMA	Haan Wist in	hard wall	+ 5 or		If so, specify (Signed)	finjury in any wa	of Memory	, M

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis THAT DEPT ST 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis t wear

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred How long in U.S. if of foreign birth? SICIAN 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State xact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH SINGLE, MARRIED, WIDOWED. DIVORCED (write the word) (Year) HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 11933 to march 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Months Days If LESS than, to have occurred on the date stated above, at I day,_ The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... back nay 9 Andustry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town (State or country) supplied HER 13. NAME FATI 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Ination CAUSE 2 Date NOIL Nature of injury way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) (Address)/

BINDING

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Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Carroll Registration Dist. No. Village or City Springfield State Hospital, NGykesville, Md. St., (If death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth? ______yrs. ____mos. ____ds. 2. FULL NAME Elizabeth J. Clark (a) Residence: No. Sykesville, Maryland. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) March 193 3 White Female Single (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBANO of CERTIFY. That I attended deceased from (or) WIFE of March 6. DATE OF BIRTH (month, day, and year) March 7. AGE Years Months If LESS than to have occurred on the date stated above, at Oays 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 72 . min. were as follows: Date of onset Chronic Nephritis and 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. Domestic SAWYER, BOOKKEEPER, etc., 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at 11. Total time (years) this occupation month and spent in this 54 occupation Other Coatributary Causes of importance: Carroll 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Robert Clark Ireland 14, BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? Lab. tests was there an autopsy? NO MOTHER 15. MAIOEN NAME Elizabeth A. Worrell 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Ireland (State or country Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Records (Address) Sykesville. Maryland. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To he complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		GEARDSE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE OF DEATH	- WE 136
County Cand	Registration Dist. No.
Village of City New Windson	ND. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
O allia Dan to	ds. How long in U.S. if of foreign birth?
2. FULL NAME WILLIA Crawn	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR BACE S. SINGLE, MARRIED, WIDGWED, OR DIVORCED (write the word) A. COLOR OR BACE OR DIVORCED (write the word)	21. DATE OF DEATH ALL 17 , 193 3
5a. If married, widowed or diverged HUSBAND of (or) WIFE ot	22. Co Al HEREBY CERTIFY, That I attended deceased from
Jaward I Grawner	October 6 1/2 1931 10 march 17 19. 19.33
6. DATE OF BIRTH (month, day, and year)	Hast saw h LN alive on march 164., 1933; death is seid
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, at _8 _ A m.
62 6 24 or anin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Carlenoma of Domash Och. 6-190
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month and	
1D. Date daceased last worked at this occupation (month and year)	
O all to	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Ollman or (State or country)	
The state of the s	1112
14. BIRTHPLACE (city or town) Thermany (Stata or country)	Name of operation
15. MAIDEN NAME Whitmenia Hintzman	What test confirmed diagnosis?
	Accident, suicida, or homicide?
[State or country]	Whara did injury occur?
17. INFORMANT Odward It Grawmer	(Specify city or lown, county and State) Spacify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Alw Obustor III	Mannar of injury
Place Kreen wood & Data Mar. 19, 1933	Nature of injury
Da Karhte	24. Was disaase or injury in any way retated to occupation of deceased? To
19. UNDERTAKER (Address)	If so, specify
man 17 132 Origina by Breat of	(Signed) Sterling Doubley M.D.
Registrar.	(Address New Winter, mola.

STATE OF MARYLAND-CERTIFICATE OF DEATH

(1) 90

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Dale of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run aver by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritanitis 3 days aga Other contributory causes of importance: Other contributory causes of importance: Gallstanes Mau 1.1923 Gastraenteritis 1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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carn of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exactent of OCCUPATION is very important. See instructions on back of certificate. CIARS tale

> (2) none Mile

1	PLACE	OF	DEATH
Count	Car	cro	11



STATE OF MARYLAND CERTIFICATE OF DEATH

				Kegistration	Dist. No.
Vill		Carrollton NAME Ella	**	St.; Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number,)
	PERSON	IAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
	sex iemale	white	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Mar ch (Month) 17 I HEREBY CERTIFY, That I at	7, 19233 (Year)
6 D	DATE OF BIR	April (Month)		that Plast saw h & alive on be accepted	eh 41 , 1933
A		75 yrs. 11	lf LESS that I dayhrs.nosds.ormin.	The CAUSE OF DEATH % was as follows:	d above, atm
(t)	b) General natusiness, or eswhich employe	ession or of work		Secondary produced a prono	yrs mos 3 de
	10 NAME OF		amer	(Signed) Seery by Litting	M. D.
ENTS		or country) Lance	aster, Pa.	*State the Disease Causing Death, Violent Causes, state (1) Means of Inju	or, in deaths from
PAR	12 MAIDEN OF MOTI	NAME HER Lair	Young	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospi lents, or Recent Residents)	tals, Institutions, Trans-
	13 BIRTHPI OF MOTI (State	LACE HER or country)	nnsylvania	At place of death yrs, mos. da, State	, yrs mos da.
I E	THE ABOVE I	IS TRUE TO THE BE	ST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death	
	Prormani)	Mr. A. W.	Bateman	Former or	
O F	(Addres	3527 Haywa	ard Avenue	Marys Cemetery 20 CNDERTAKER Hampden	March 9 33
	1100	10	Rezistrar	A. S. Marshall 3539 Ra	alls Road

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home. Care should be taken definite calary). may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Toreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applied to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons euwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on yrs.). For persons who have no occupation without more precise specification as Day As examples: (a) The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) eouditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal inges, perilonarum, etc., Carcinoma, Sarcoma, etc., of train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or misearriage as rhage," "Inanition" "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion." "Heart symptomatie), "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Prouchopneumonia stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignaut ueoplasms); Measles; (name origin; "Caucer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carballe acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway takeu. For State cause for which sungical operation was under-"Puerperal septicaesnic." "Puerperal peritonitis," can be ascertained ... the cause. "Uraemia," "Wecknes," etc., when a definite disease vulsious." (secondary or intercurrent) affection need Whooping cough; of the injury, as fracture of skull, and conse-(e. g., sepsis, telanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), VIOLENT DUATHS State MEANS OF INJURY Chronic valvulur heart disease; (R'commendations on state-Example: Measles ete. The contributory Always qualify all failure." "Haemor-(disease (second-(merely not be "Сопetc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE	F MARYLAND	CERTIFICATE OF DEATH	UT
1. PLACE OF DEATH		92 n	7.6
County weall		Registration Dist. No.	
Village or City Ou, Res	ville	f death occurred in a hospital or institution, give its NAME instead of street and	(Letward
Length of residence in city or town where o	leath occurred yrs mo:	s. ds. How long in U.S. it of foreign birth? yrs m	os. ds.
2. FULL NAME Eman (a) Residence: No.	Ma A Deingta (Usual place of abode)	of St., Homestelaces If nonresident give city or town and	State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	3 2.
3. SEX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (vertice the word)	21. DATE OF DEATH Kan the (Month) (Oay)	193 9 (Year)
5a. If married, widowed, or divorced HUSBAND of	Λ		
(or) WIFE of Cluberon	y Neugherly	1 HEREBY CERTIFY. That I atlended	deceased from
6. DATE OF BIRTH (month, day, end year)	ov. 1,1868	I last saw h. LK alive on March 4 , 1983	; death is said
7. AGE Yeers Months	Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at. Gnt The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trede, profession, or perticular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Chronic Valantan Seast Disease	1932
12. BIRTHPLACE (cily or town)	icia.	Other Contributory Causes of importance:	10.22
13. NAME alexxud	ex Ruderon	- Transc Vienness	7.33
14. BIRTHPLACE (city or town) (State or country)	Essica	Name of operation	ulopsy?
15. MAIDEN NAME Deatree	e Nackley	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME CLAUSE 16. BIRTHPLACE (city or town) (State or country)	in issisa	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	, 19
17. INFORMANT Las bel (Address) Suffee	al lecordo	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
18, BURIAL, CREMATION, OR REMOVAL	7. Date Mrs. 7,1933	Manner of Injury	
19. UNDERTAKER Forces St. (Address)	eland mid	24. Was disease or injury In any way releted to occupation of deceased? If so, specify	
20. FILEO Mars 19 33 GA	farry Neer Registrar.	(Signed) March, M. Ills. M. (Address) Aufbrewille M.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

119774

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Gallstones	May 1,1928	Gastroenteritis	1 year

ADDITIONAL.	SPACE EC	RELEATER	STATEMENTS	RV	PHYSICIAN
TANDALI TOTALLE	DI MUITI	TO TO DESTRUCT	OT WITH THE PARTY OF	12.1	T II I DECEMIN

Stated EXACTLY. PHYSICIAMS Successived Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR AGE should be be CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefully -WRITE PLAINLY, WI ż

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	46
County Carrall	Registration Dist. No.
Village or City Mayberry	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth?
2. FULL NAME (harles A. Illagle	
	0
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR OLVORCED (wrighthe word) Which is a second of the color	21. DATE OF DEATH March 23d 1933 (Year)
5a. If married, widowed, or divorced HUSBANO of Mary Catheline, Fleagle	22. HEREBY CERTIFY. That I attended deceased from 1935, to May: 23 - 1933
6. OATE OF BIRTH (month, day, and year) Selt 9. 1859	I last saw h and alive on Tutar 2 Z - 1988; death is said
7. AGE Years Months / Days If LESS than	to have occurred on the date stated above, at & 30 . G.m.
73 5 26 Idey,hrs	were as follows:
8 Trade profession or particular	Carenoma g Nomach Date of onset
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12. BIRTHPLACE (city or town) - Was	Other Contributory Causes of importance:
(State or cotunity)	- afoffreis Serje 18 mor ofo
E Pug	Name of operation Works Date of
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 222
15. MAIOEN NAME Margaret Jogesong 16. BIRTHPLACE (city or town)	23, If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicida? Date of injury, 19
17. INFORMANT & algar. K. Flagle (Address) Wistminster, Md	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 1 Danst Oate Mar 27, 19 33	Nature of Injury
19. UNDERTAKER DE SUSSE YOUR (Address) Sanly tourn, mar.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mah 27. 1933. Maryant P. Maglar Pogistra.	(Signed) M M. H. H. L. G. M. D. M. D. (Address) Harroup, Jan,
If more blanks are needed, address State Registrat	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	(1)	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

2. FULL NAME: Adelaid Wedine Sil, Ward. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (sprise the word) For Divorced (sprise the word) 5a. If maland, widowed, or drouter (sprise the word) 5a. If maland, widowed, or drouter (sprise the word) 5a. If maland, widowed, or drouter (sprise the word) 5a. If maland, widowed, or drouter (sprise the word) 5b. If maland, widowed, or drouter (sprise the word) 5a. If maland, widowed, or drouter (sprise the word) 5b. If maland, widowed, or drouter (sprise the word) 5c. DATE OF BIRTH (month, day, and year) 6c. DATE OF BIRTH (month, day, and year) 8c. Trade, profession, or particular 8c. Trade, profession, or particular 8c. Trade, profession, or particular 9c. DATE OF BIRTH (month, day, and year) 8c. Trade, profession, or particular 9c. DATE OF BIRTH (month, day, and year) 8c. Trade, profession, or particular 9c. DATE OF BIRTH (month, day, and year) 11 also saw h. A. alive on the date stated above, at A. A. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 11 also saw h. A. alive on the date stated above, at A. A. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 11 also saw h. A. alive on the date stated above, at A. A. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 11 also saw h. A. alive on the date stated above, at A. A. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 11 also saw h. A. alive on the date stated above, at A. A. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 12 also saw h. A. alive on the date stated above, at A. A. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 12 also saw h. A. alive on the date stated above, at A. A. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 13 also saw h. A. alive on the date stated above, at A	County Carrell	Registration Dist. No.
Length of residence in city or town where death occurred	Village or City Usion Budge	No. St., War
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (spring the word) 5. II Majorahae of (or) Just of of the profession, or particular sind of work done, as SPINNER, Sorry Mills, William of work done, as SPINNER, SPINNER, Sorry Mills, William of work done, as SPINNER, SP	Length of residence in city or town where death occurred yrs mos. FULL NAME adelaide Me Lane	ds. How long in U.S. if of foreign birth? yrs. mos. d
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) Sa. If magained, widowed, or-divorced the word of th		t., Ward. If nonresident give city or town and State
OR DIVORCED (write the word) Month Color	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSCANDS of (or) WHE or WHE of (or) WHE of	OR DIVORCED (write the word)	Than 6 193 3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BtRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT 18. PINELAN OR PERMATION OR PERMATICAL PERMATICAL PERMATICAL PERMATICAL PERMATICAL PERMATICAL PERMATICAL PERMATICAL PERMATICAL	E OF BIRTH (month, day, and year) July 2 1854 Years Months Days If LESS than 1 day,	it saw h 2 alive on May 6 19 3 3 ath is sa ave occurred on the date stated above, at 12 Pm. PRINCIPAL CAUSE OF DEATH and related causes of Importance
Other Contributory Causes of importance: Other Contributory Causes of i	SAWYER, BODKKEEPER, etc	Chronic Nephritis Intustitus 1923 Bronche Premuonia 3/3/33
What test confirmed diagnosis? Was there and 23. If death was due to external causes (VIDLENCE) fill in also the following state or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) What test confirmed diagnosis? Was there and 23. If death was due to external causes (VIDLENCE) fill in also the following state or country and state or country and state or country occurred. Specify city or town, country and state or country and state or country occurred in INDUSTRY, in HOME, or in PUBLIC	THPLACE (city or town) Fruderick Mil.	er Contributory Causes of importance: Jack Slones - 3/./3.
What test confirmed diagnosis? Was there and 23. If death was due to external causes (VIDLENCE) fill in also the following state or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT 18. PUBLIC PERMATION OF REPOWAL 18. PUBLIC PERMATION OF REPOWAL		ne of operation. Nove Date of
16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address)		(
18. BURIAL CREMATION, OR REMOVAL, A Manner of injury	BIRTHPLACE (city or town) (State or country) DRMANT Wiso Gladys M. Gilfut	dent, suicide, or homicide?
Place Uman 10 Mala Date Mars. 8, 1933 Nature of injury	101000000000000000000000000000000000000	
19. UNDERTAKER OF THE STATE OF		as disease or injury in any way related to occupation of deceased?

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11 11 11 11			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1	3	6	>	7	3	1	>	
1		ě.	4	6	0	()	

I. PLAC	E OF DEATH				<u> </u>	
County	Carro	11			Registration Dist. No.	74
Village	or City Spri	ngfie	ld State	e Hospita	1, No ykesyille, Md. St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length	of residence in city or	town where d	leath occurred	yrsmos		os. ds.
2. FULL	NAME Un	named	Foetus	X	gover	
(a) Re	esidence: No.				St., Ward.	
			(Usual place of		If nonresident give city or town and	State
	SONAL AND		CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Ma]	4. COLOR OF	hite		RIED, WIDOWED, O (write the word) agle	21. DATE OF DEATH Unknown (Month) (Day)	, 193.33
5a. If married, HUSBANI (or) WIFE					22. I HEREBY CERTIFY, That I attended	deceased from
		. 7.5	0.00	7077		
7. AGE	IRTH (month, day, and	Months	Days	1933	to have occurred on the date steted above, atm.	_; death is sold
				1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trede, kir SA	profession, or particulated of work done, as S WYER, BOOKKEEPER,	PINNER.	~~~~~~		Stillborn	-
a. Wo	ry or business in whi rk was done, as SILK W MILL, BANK, etc	MILL.				-
- 1 (111	deceased last worked s occupation (month a	nd		me (yeers) t in this pation		
			gfield S	State Hos	Other Contributory Causes of importance:	
13. NAME		- ~				-
H 14. BIRTH	PLACE (city or town).	Marv			Name of operation	
			ribling		What test confirmed diagnosis? Was there an	
16. BIRTH	PLACE (city or town).		irginia		23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury	
17. INFORMAN	S.S.Hosp	ital	Records		Where did injury occur? (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ne) ACE.
	REMATION, OR REMO	VAL / Ce	w. m	u.71,1933	Manner of injury	
19. UNDERTAK (Addre		Lezio	ele m	d.	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILED 73	(84,71,193	33 CA	(any)	Registrar.	(Signed) M. F. Baer, (Address) Sykesville, Md	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Foetus delivered dead at 4th month of pregnancy.

26. F. Power ,

1. PLACE OF DEATH pluoda Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) vrs & mos. 20 ds. PHYSICIANS How long in U.S. if of foreign birth? Length of residence in city or town where death occurred yrs. mos. statement 2. FULL NAME ORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) (Month) (Year) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. ERTIFY. That I attended deceased from (or) WIFE of H 6. DATE OF BIRTH (month, day, and year) certificate. of LESS than 7. AGE Years Months Days to have occurred on the date stated above, at proper I day. . hrs or ... min. Date of onset 8. Trade, profession, or particular PATION kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which should work was done, es SILK MILL, D C SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and vear) occupation instructions 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) plain Was there en autopsy? (State or country) efully What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: ant Accident, suicide, or homicide? Date of injury PLDOL 16. BIRTHPLACE (city or town). (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT pluods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE ation Nature of injury LION 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER 12/so/specify (Address) 8 (Signed) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ORD. Every item of infor-PHYSICIANS IS A FERMINE Stated EXACTLY. PHYSICIAMS A PERMANENT R BINDING FOR UNFADING INK-THIS IS be MARGIN RESERVED þe AGE should CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefully B.-WRITE PLAINLY, WIT

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TION is very important. See instructions on back of certificate.

should state

of OCCUPA-

STATE OF WARTLAND	CERTIFICATE OF DEATH (12/40)
1. PLACE OF DEATH	
County Carroll	Registration Dist. No. 74
	No. Mongfield state Hospital St., Ward death occurred in a horpital or institution, give its NAME/instead of street and number)
22	
2. FULL NAME Charlest Grossell	
(a) Residence: No. 511 Cambridge (Usual place of abode)	St., Ward. Somerset Ind. (P.O. Dethis da) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single Single Single Single Single Single	21. DATE OF DEATH March 30 9 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Inly 19th 1932 to March 30th 1933
6. DATE OF BIRTH (month, day, and year) august 21 1 1897.	I last saw hun alive on harch 303, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.3 m.
55 7 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Day Labour & SAWYER, BDDKKEEPER, etc.	10 1
SAWYER, BDDKKEEPER, etc.	arterioscherosis - (With high 1929
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	arterial tension Blog Pussion 19/10)
kind of work done, as SPINNER, Lay Fabrich & SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at July this occupation (month and types) occupation occupation occupation.	Chronic myorarditis 1924
12. BIRTHPLACE (city or town) within	Other Contributary Causes of importance:
(State or country) Jefor.	Cerebral apoplegy With life side 1933
W 13. NAME Thenry Grossell	Hemipleyin
13. NAME Venry Grossell 14. BIRTHPLACE (city or town) when (State or country) Ohno	Name of operation
15. MAIDEN NAME Close Katurah	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) hukurm (State or country) Ohoo.	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mengfula state Forfital (Records)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18/BURIAL, CREMATION, OR REMOVAL	Manner of injury
Speristingfield Hospi. Date Ufer. 1933	Nature of injury
19. UNDERTAKER Mels Ason Dere. (Address) Supersville mid.	24. Was disease or injury in any way related to occupation of deceased? No
20. FILED Mose . 31, 19 33 OHarry Herr Registrar.	(Signed) John M. Morris M. D. (Address) (S.S. H) Syperville, Md.

CTATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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PERSONAL AND STATISTICAL PARTICULARS SINGLE. 3 SEX COLOR OR RACE MARRIED WIODWED OR DIVORCED Write the word 6 DATE OF BIRTH (Mouth) (Day) 7 AGE if LESS than 1 day, hrs. OR mls.? ds OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which emplayed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) 12 MAIDEN NAME Œ OF MOTHER 1 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS THU (Address 15 Filed m

1 PLACE OF DEATH

and that death occurred on the date stated above. OF DEATH ! was as follows (Duration) mos. Contributory econdary *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS At placs to the of death State, yrs. ... yrs.mes. Where was disease contracted. If not at place of death? Formor or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired engaged in domestic service for wages, as Serrant, Cook, write None. state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer. mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian. Compositor, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. many occupations a single word or term on the Housework, or At Home, and children, not gainfully is very important, so that the relative healthfulvarious pursuits can be known. For persons who have no occupation whatever, The material worked on may form part Architect, Never return "Laborer." Dealer." etc., without more Locomolive engineer (a) Spinner, (b) Collon But in many cases, If retired from without more The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneunonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PLERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure." "H cmerrhage." genital," "Senile," etc.), "Dropsy," "Anacmia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopacamonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough: Chronic "Tumor" for malignant neoplasms); Measles: Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. (name origin: "Caneer" is less definite; avoid or miscarriage as "Puentenal sophchaemia," "Old Age," "Shock," fin Always qualify all diseases resulting from child-"Coma," raidway (secondary), 10 ds. valuator heart disease: Chronic interstitial "Convulsions," "Debility" train-accident; Revolver is less definite; avoid use of "Tracmia," "Weakness, State cause for which "lumition." "Maras-Never (Recommendations "Atrophy." "Exhaustion," report mere important. nound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis ·	3 days ago
Other contributory causes of hyportanes		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year

S. No.

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. PLACE OF DEATH	-CERTIFICATE OF BEATH (12743)
COlor	rculosis sanatorium
	ed Branch 93-6 Registration Dist. No. 74
Village or City Henryton, Laryland.	No. St, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred. O yrs.	nos. 11ds. How long in U.S. if of foreign hirth?yrsmosds.
. FULL NAME Harold Ignatuis Hammo	d .
(a) Residence: No. Granite, Baltimore Co	
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL	21. DATE OF DEATH
1 ale Colored Or Divorced (write the word Vidowed	1arch 29, 1935. 193 (Year)
If married, widowed, or divorced HUSBAND of	22. , I HEREBY CERTIFY, That J attended deceased from
(or) WIFE of Do not know	$3/18/33$ $\frac{19}{19}$ $\frac{3}{19}$ $\frac{3}{19}$
DATE OF BIRTH (month, day, end year) Sept., 15, 1902	I last saw h. im alive on 3/29/33 , 19 , death is said
AGE Years Months Days If LESS the	to have occurred on the date stated above, at 11.00 m.T.
30 6 15 or min.	were as follows:
R-Yrade, profession, or particular kind of work dome, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.	The second of th
9. Industry or business in which work was done, as SILK MILL, Un'nown	Scute Misocardital
SAW MILL, BANK, etc.	- Tuck,
10. Date deceased last worked at this occupation (month and year) 11. TOULT	1933
BIRTHPLACE (city or town) Westminster,	Other Contributory Causes of Importance:
(State or country) Laryland.	
13. NAME John . Hanmond,	
14. BIRTHPLACE (city or town) In anown	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy
Marie The and chie	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Vest Tieruship, (State or country) Laryland.	Accident, sulcide, or homicide?
INFORMANT John T. O'Neill, H. D.,	(Specify city or lown, county and State) Specify whether Injory occurred In INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Henryton, Maryland. BURIAL, CREMATION, DR REMDVAL	Manage of Injury
Place supply Date you 19	Manner of Injury
UNDERTAKER (Address) 611; Outh Cate Suit,	24. Was disease or injury In any way related to occupation of deceased? 200
FILEO 3/29/33, 19 Party Tocal Registra	(Signed) Thu G. O Malle M. E. (Address) TEmas town rand

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewike in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURNAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

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CTATE OF MADVIAND CEDTICICATE OF I	DEATL
STATE OF MARYLAND—CERTIFICATE OF I	

02744

County Carroll Village or City Sykestille, Maryland . No. Length of residence in city or lown where death occurred			F DEATH				(131)	,
Length of residence in city or lown where death occurred. 1. mos. 2. FULL NAME Charles Eli Hawkins (a) Residence: No. Campfield Road, Randallstom, Mdward. (b) Residence: No. Campfield Road, Randallstom, Mdward. (a) Residence: No. Campfield Road, Randallstom, Mdward. (b) Hammedoni give city or town, and State PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE OR DWOKEED WIDE WORD WORD WORD WORD WORD WORD WORD WORD		0001111					Registration Dist. No.	ch
Langth of residence in city or lown where death occurred ys. mos. ds. How long in U. S. if of loreign birth. ys. mos. ds. how long in U. S. if of loreign birth. ys. mos. ds. how long in U. S. if of loreign birth. ys. mos. ds. how long in U. S. if of loreign birth. ys. mos. ds. how long in U. S. if of loreign birth. ys. mos. ds. how long in U. S. if of loreign birth. ys. mos. ds. how long in U. S. if of loreign birth. ys. mos. ds. how lone in U. S. if of loreign birth. ys. mos. ds. how lone in U. S. if of loreign birth. ys. mos. ds. how lone in U. S. if of loreign birth. ys. mos. ds. how lone in U. S. if of loreign birth. ys. mos. ds. how lone in U. S. if of loreign birth. ys. mos. ds. how lone in the loreign birth. ys. mos. ds. how lone in the loreign birth. ys. how lone in the loreign		Village or C	city Syke	svill	e, Maryl	land.	No State Charles State S	Ward
2. FULL NAME Charles Eli Hawkins (a) Residence: No. Campfield Road, Randallstoam, Movard. (Usurlpiace of abodo) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE No. Example of Moved of Mover o						1 (1)		number)
(a) Residence: No. Campfield Road, Randallstown, Moward. (Usuatpace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DINORCED Control by word) 56. If married, widowed, or divorced HUSAND of Co., Wile of the State of Co., Wile of the State of Co., Wile of the State of Co., Married, State or country) 8. DATE OF BIRTH month, day, and year) 7. ACE Years Months 7. ACE Years Months Days If LESS than I day,hrs. In a silve on SANYER, BOOKEEPER, etc. SILI DISTANCE (city or business in while) SAN WILL, BARK, etc. SANYER, BOOKEEPER, etc. SILI DISTANCE (city or town) SAN WILL, BARK, etc. San John F. Hawkins 12. BIRTHPLACE (city or town) San John F. Hawkins San		1117			eath occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrs m	os ds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White 5. SINGLE, MARKEE, WIDOVED, OR DIVORCED (Switch the word) 5. If married, widowed, or divorced HISBAND (Month) Conv. Wire of		2. FULL NA	ME Cha	rles	Eli Hawk	rins		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White 5. SINGLE, MARKEE, WIDOVED, OR DIVORCED (Switch the word) 5. If married, widowed, or divorced HISBAND (Month) Conv. Wire of		(a) Residen	ca. No Cam	pfiel	d Road,	Randall	storm, Md.	
3. SEX Male White S. SINCLE, MARRIED, WIDOWED. Nate White So. If married, without of control of the word of control of the word of control of		(a) nesiden					.001	State
Male White OR DIWORCED (weight he word) 59. If married, widowed, or divorced HUSBAND or Corp. WIFE of Corp. WIFE		PERSON	NAL AND S	TATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
Sality Husband of deceased and several Sality Sal	3.						march 28	, 193
6. DATE OF BIRTH (month, day, and year) 7. AGE Vests Nooths 11 24 1857 15 16 Norwasdene as SPINNER. Watchman S. Industry or business in which Wark as done as SINK MILL, SAW MILL, BANK, etc. 10. Date deceased last works as done as SIK MILL, SAW MILL, BANK, etc. 11. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BIRTHPLACE (city or town) (State or country) 19. May test confirmed diagnosis: 140 s. Test STA Was there an aulopsy? 19. INFORMANT 19. BIRTHPLACE (city or town) (State or country) 19. What test confirmed diagnosis: 140 s. Test STA Was there an aulopsy? 19. UNDERTAKER (Address) 19. Date of injury Nomero of injury Nomero of injury Nature of injury Nature of injury 19. What used to occupation of deceased? If so, specify Nature of injury 19. UNDERTAKER 19. Date of injury 19. UNDERTAKER 19. Date of injury 19. UNDERTAKER 18. Unity CREMATION, OR REMOVAL 19. UNDERTAKER 19. Date of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify Nature of injury 19. UNDERTAKER 18. Date Date of injury 19. UNDERTAKER 19. Date Date of injury 19. UNDERTAKER 19. Date Date of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify Nature of injury 19. UNDERTAKER 18. Date Date of injury 19. UNDERTAKER 19. Date Date of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify	5a	. If married, widow	ved, or divorced				(Month) (Day)	(Year)
7. AGE Years Months Days If LESS than 1 day, hrs. hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINER, Watchman SAWYER, BOOKKEPPE, etc. 9. Industry or business in which work was done, as SILK MILL, Unknown SAWYER, BOOKKEPPE, etc. 9. Industry or business in which work was done, as SILK MILL, Unknown SAWYER, BOOKKEPPE, etc. 9. Industry or business in which work was done, as SILK MILL, Unknown SAWYER, BOOKKEPPE, etc. 9. Industry or business in which work was done, as SILK MILL, Unknown SAWYER, BOOKKEPPE, etc. 9. Industry or business in which work was done, as SILK MILL, Unknown SAWYER, BOOKKEPPE, etc. 9. Industry or business in which work was done, as SILK MILL, Unknown SAWYER, BOOKKEPPE, etc. 9. Industry or business in which were as following: Anne Arundel Co., Md. (State or country) 6. BIRTHPLACE (city or town). (State or country) 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIALY CREMATION, OR REMOVAL Manner of injury. Name of operation in Industry. in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury In any way related to occupation of deceased? If so, specify				Smit	h		22. February 55 T Farth attended	deceased from
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as following: and chronic late of the principal and related causes of importance were as following: and chronic late of the principal and related causes of importance were as following: and chronic late of the principal and related causes of importance were as following: and chronic late of the principal and related causes of importance were as following: and chronic late of the principal and chronic late of the	6.	DATE OF BIRTH	month, day, and	year) A	pril 24,	1857	last saw hard alive on March 88 33	; death is sold
Salvade, profession, or particular Salvade, profession, or particular Salvade, profession, or particular Salvade, Bookkeppe, etc.	7.	AGE Yea	ars	Months	Days		to have occurred on the date stated above, atm.	
State of country		75	5	11	4		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data at asset
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME JOHN F. Hawkins 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT S. S. HOSPI tal Records (Address) 18. BURIALY CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Mame of operation importance: Name of operation importance: Other Contributory Causes of importance: Other Contributory Other	NOI	8 Trade, profession, or particular kind of work done, as SPINNER, Watchman					with myocarditis and chronic	Date of onset
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME JOHN F. Hawkins 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT S. S. HOSPI tal Records (Address) 18. BURIALY CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Mame of operation importance: Name of operation importance: Other Contributory Causes of importance: Other Contributory Other	UPAT	9. Industry or business in which work was done, as SILK MILL, Unknown						1928
12. BIRTHPLACE (city or town) Scotland Name of operation 14. BIRTHPLACE (city or town) Scotland Sc	OCC	10. Date decease	ad last worked a	1	11. Total tin	in this Unk		
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. Where did injury 19. UNDERTAKER (Address) 19. Where did injury 19. UNDERTAKER (Address) 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Where did injury 19. UNDERTAKER (Address) 19. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address)	12		ty or town)	nne A	rundel (Co., Md.	Other Coutributory Causes of importance:	
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Section 10. Section 10. Section 11. INFORMANT (Address) 12. Date Manual Address 13. Date Manual Address 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Specify city or town, county and State) 18. BURIAL CREMATION, OR REMOVAL 18. BURIAL CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Section 10. Specify 11. Information 12. Information 13. Information 14. BIRTHPLACE (city or town) 15. Malden was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL CREMATION, OR REMOVAL Manner of injury Nature of injury 19. UNDERTAKER (Address) 10. Specify 10. Name of operation of Jecuses No. No. Name of operation of Jecuses No. Name of operation of Jecuses No. No. Name of operation of Jecuses No. Name of opera	~	13 NAME	John F	. Haw	kins			
What test confirmed diagnosis? Date Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL 18. BURIAL CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 15. MAIDEN NAME What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Where did injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury In any way related to occupation of deceased? If so, specify If so, specify	THE				land			
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 18. Accident, suicide, or homicide? Date of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify If so, specify	FA		r country)		*		What test confirmed diagnosis? Lab. tests was there an	No No
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Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 17. INFORMANT (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify	MOTH			Scot	land		Accident, suicide, or homicide? Date of injury	4.
19. UNDERTAKER (Address) Date Mass. 3.0, 193.3 Nature of injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify	17.	. INFORMANT (Address)				le, Md.	(Specify city or town, county and Stat	e) ACE,
(Address) Battimers M.L. If so, specify	18.	BURIAL CREMAT	ION, OR REMOV	enes.	Date Mas	2.30,1933		
74. 13 All 94 Mah. 6 (1) [[]	19	UNDERTAKER	V.F.	Witin	Mr. C	mely		
20. FILED / Late . DD, 19. 3.3. Experience (Address) S. S. Horfey Dy Kes calle IIId	20.	FILED Ma	2.28, 19.3	3. C.	Harry	Meers Registrar.	(Signed) Ashin L. Williams	M.D.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MECENER	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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should state of OCCUPA.

item of infor-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		59
County Carroll		Registration Dist. No.
Village or City Sykesville,	Md.	NoSpringfield State Hosp St., Ward
Length of residence in city or town where death	(If	
2. FULL NAME Joseph Hess		
(a) Residence: No./ 638 Pages	a Street Bal (Usual place of abody)	Ustrore, Ward aryland If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH March (Month) (Day) (Year)
5a. II married, widowed, or divorced HUSBAND of		
(or) WIFE of Hannah	Hess	22. I HEREBY CERTIFY. That t attended doceased from March 7 1933, to March 14 1933
6. DATE OF BIRTH (month, day, and year) May	23, 1870	I last saw him alive on March 14, 19 33 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at $9:45A_m$.
62 9	19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	hoemaker	Nephritis and Uremia Unknown
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Russia		Diabetes and Arteriosclerosis
(State or country)		7 yrs.
13. NAME Moses Hess		
14. BIRTHPLACE (city or town) Russi (State or country)	<u>a</u>	Name of operation
15. MAIDEN NAME Fannie		23. It death was due to external causes (VIDLENCE) filt in also the tollowing:
16. BIRTHPLACE (city or town) Russ (State or country)		Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Springfield Sta	te Hosp, Recor	(Specify city or town, county and State)
18. BURIAL CREMATION, DR REMOVAL	ate Mus 15, 19.33	Manner ol injury
19. UNDERTAKER Jack Find (Address) Baltin	wis my	24. Was disease or injury In any way related to occupation of deceased? NO
20. FILED Mar. 14, 19 3,3 PH	Registrar.	(Signed) H. F. Ball M. D. (Address) Sykesville, Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example 11 The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attock of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred W ds. How long in U.S. if of foreign birth? yrs. .. mos. PHYSICIAN ulu RECORD. (a) Residence: No. St. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 193 3 PERMANENT Leualo (Month) classified 5a. If married, widowed, or divorced That I attended deceased from (or) WIFE of 10 male 9 certificate. 6. DATE OF BIRTH (month, day, end year) properly to have occurred on the date stated above, at 10 P. 7. AGE Months Davs The PRINCIPAL CALISE OF DEATH and related causes of importance min. Date of onset 8. Trade, profession, or particular PATION THIS kind of work done, as SPINNER, Jo SAWYER, BDDKKEEPER, etc... back 9. Industry or business in which may hould work was done, as SILK MILL, SAW MILL, BANK, etc..... OCCU 10. Oato deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation instructions Other Contributory Causes of importance ARGIN 12. BtRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME See 14. BIRTHREACE (city or town) in plain (State or country) What test confirmed diagnosis? be carefully OTHER important. 23. If death was due to external causes (VIDLENCE) fill in also the following Accident, sulcide, or homicide? Date of injury 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. should (Address) 0 OF Manner of Injury AUSE mation Nature of injury LION 24. Wes disease or injury in any way related to occupation of deceased? If so, specify ... 1933 Registrar. (Address) If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I	1	Example II	
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep.	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	11 Olivi 4- 1978	July 5,1927	Peritonitis	3 days ago
	BURRAU V. 8			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Exact statement of PHYSICIANS A PERMANENT R stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. FOR UNFADING INK-THIS MARGIN RESERVED pe AGE should CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefull; -WRITE PLAINLY,

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should state of OCCUPA-

1. PLACE O	F DEATH				OI DEN	9	0.4.7.4
County	Carrol	L		DOMESTIC AND STREET	Registration	Dist. No. 75	
Village or (Length of res	sidence in city or town where	hestured death occurred		No. f death occurred in a horpital or insti ds. How long in U.S. if	tution, give its NAME	St.,	
(a) Resider	nce: No	(Usual place	of abode)	St., Ward.	If nonresident	give city or town ar	nd State
PERSON	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL (CERTIFICATE	OF DEATH	- (*
3. SEX Male	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	Month)	18 (Day)	, 193 3 (Year)
5e. If married, widov HUSBAND ot	wed, or divorced			22. I HEREB	V CESTIE	7	
(or) WIFE of					Y CERTIF		
6. DATE OF BIRTH 7. AGE Yes		Now. 18 Days	- 19 3 3 If LESS than 1 day,hrs. or min.	I last saw h alive on to have occurred on the date sta The PRINCIPAL CAUSE OF DEA were es follows:	ted above, at.	, 19	
9. Industry or work wa SAW MII	work done, as SPINNER, R, BOOKKEEPER, etc	spe	time (yeers) int in this u pation	Still bor Presenture Other Contributory Causes of im	w — J~m portance:	80	
(State or cou	intry)	16 01	1				
13. NAME	unde L	· Mat	man				10 0
	E (city or town) Mea	ueheste	e nek	Name of operation		Date ot	
(Stele of	r country)	- A	Pan	What test confirmed diegnosis?		Wes there en	autopsy?
15. MAIDEN NA 16. BIRTHPLACE (Stete of 17. INFORMANT (Address)	Cas	I. Hof	o md	23. If death wes due to external or Accident, suicide, or homicide? Where did injury occur? Specity whether Injury occurred	(Specify city or	Dete of injury	, 19
18. BURIAL, CREMAT		Detel Mau	.18 .19.33	Manner of Injury			
19. UNDERTAKER (Address) 20. FILED HILL.	Claude San manches 18,19 33 99	an Hylmite That	Demer Registrar.	24. Was disease or Injury In eny If so, specity (Signed) (Address)	way related to occupa	ation ot deceased?	m. D.
	**		11 0 -				

STATE OF MARYLAND-CERTIFICATE OF DEATH

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can de known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

11,-The number of years the deceased followed the occupation. 10,—The month and year the deceased last worked at the occupation.

out the particular kind of work done and return that, as spinner, weaver, etc. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. In stating the industry or dusiness, avoid the use of such general terms as "store," "factory," "mill," etc. State

chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

should be called a salesman and not a clerk, machinist, etc. Distinguish carefully detween retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter,

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

કમળગુરમુખ્	8261,1 yoM	sidroen teritis	I year
Other contributory causes of importance:		Other contributory causes of importance:	
		RECEIVED	
Cerebral hemorrhuge	LZ61'gfinf	Pertionilis	obn stipp g
Chronic interstitial nephritis	1861	Eun over by street car	ा फल्हार वर्ष
Arteriosclerosis	9161	Medeling to down	obv yoon I
The principal cause of death and related causes of importance were as follows:	Jasno lo alad	The principal cause of death and related causes of importance were as follows:	feano to etad
r signification of the residual of the residua		ii aiduryer	

UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-PHYSICIANS AGE should be stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, WIT

should state

Exact statement of OCCUPA-

of certificate.

TION is very important. See instructions on back

1. PLACE OF DEATH			0/
County Rarrell		Registration Dist. No.	1
Village or City not airy.		NoSt.,	Ward
Length of residence in city or town where doath occur		death occurred in a hospital or institution, give its NAME instead of street and	
0 0 1 1 21.	/ yrsmos	ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME Johns IT.	Hood		
(a) Residence: No.	nal place of abode)	St., Ward.	AT 12 TO 12
PERSONAL AND STATISTICAL F		If nonresident give city or town and	Diate
	E, MARRIED, WIDOWED,	21. DATE OF DEATH	
	WORCED (purite the word)	march 2/3 z	, 193
5a. If married, widowed, or divorced HUSBAND of		(month) (Day)	(Tear)
(or) WIE of Late Wellie M. J.	tool.	March 12 1933 to March 13	deceased from
6. DATE OF BIRTH (month, day, and year) 1869 -	7-16	liast saw h. in alive on March 13 1933	,
	ays If LESS than	to have occurred on the date stated above, at 1.25 P.m.	
63 7 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	1
8. Trade, profession, or particular kind of work done, as SPINNER, Laborated			Date of onset
SAWYER, BDOKKEEPER, atc.		Lobar Preumonia	3/13/33
9. Industry or business in which work was done, as SILK MILL,			
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased iast worked at this occupation (month and	. Total time (years)	6hr Interstitial highritis	
this occupation (month and year)	spent in this occupation		
12. BIRTHPLACE (city or town) Coursell	leo,	Other Contributory Causes of importance:	2/12/22
(State or country) Many Le	end.	Tional supprission	צבוגוןכן
13. NAME Hilliago	Hood.		
13. NAME Pulliage 14. BIRTHPLACE (city or town). Zuestinen	vm.	Name of operation Date of	
(Stata of country)	A	What tast confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Ansan M. 16. BIRTHPLACE (city or town) Under	Gosnell,	23. If death was due to external causes (VIOLENCE) fill in also the following	
0 16. BIRTHPLACE (city or town) - Craffine	72427	Accident, sulcida, or homicide? Date of Injury	, 19
(State or country)	7)	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT Walter No.	and.	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PL/	ÁČE.
18. BURIAL, CREMATION, DR REMOVAL	7	Manner of injury	
Place MT. Olinz Carrely Date	nar. 5/5=1933	Nature of injury	
19. UNDERTAKER LO. M. Maltz		24. Was disease or injury in any way related to occupation of deceasad?	
(Address) It in field	ngd.	If so, specify	
20. FILE MAN 17 1933 Street	Bunker	(Signed) Starley I will	
	Registrar.	(Address) mt airy	me

STATE OF MARYLAND—CERTIFICATE OF DEATH

02148

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Li.	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FO	? FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE PLAINLY WITH UNFADING INK-THIS IS A FEMALEACE. THYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING

V. S. No N. B.- TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02749
1. PLACE OF DEATH	
County Carroll,	Registration Dist. No.
Village or City T. F. II. Sykescule	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. Hew long in U.S. if of foreign birth?
(a) Residence: No. Daniel	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HU3BANO of	21. DATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year)
HU3BANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1916 - 5-16	I last saw how alive on march 20, 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3.45 P. m. Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8 Trade profession or particular	Pulmonary Luberculoses 2
kind of work done, as SPINNER, A house SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
O 10. Date deceased last worked at this occupation (month and year) spant in this occupation occupation	
12. BIRTHPLACE (city or town) Carroll las, (State or country)	Olher Contributory Causes of Importance:
# 13. NAME Charles Justson	
14. BIRTHPLACE (city or town) Controll lao	Name of operation
(Sista of country)	What test confirmed diagnosis? Was there an au/opsy?
15. MAIDEN NAME Rola Phasebottone, 16. BIRTHPLACE (city or town) Carroll leg. (State or country) Transplaced.	23. if death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Charle Jackson (Address) 18. F. D. Syftesoulle, red.	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Thate Roch Centrale Gar, = 2 = 1933.	Manner of injury
19. UNOERTAKER G. M. Malt. (Address) Hickield Hed.	24. Was disease or injury in any way related to occupation of deceased?
20. FILE SHILL B3 Ana M. Hewall	(Signed) AMM Morry M.D. (Address) Eld roma
	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

6600000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 027	50
1. PLACE OF DEATH		93-0	1
County Carrage		Registration Dist. No.	_
Village or City Rykerver	Le Common de la co	No. A Serving field State Nacyful I death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where death			ds.
2. FULL NAME Mercy	Levence &	ennings	
(a) Residence: No. 70 3	West Dawn (Usual place of abode)	Secol, Ward. Ward. Waltrusse A. If nonresident give city or town and St.	ale '
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1 1/1 / 1 / T	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Merch (Month) (Day)	93 <i>3</i> (Year)
Sa. If married, widowed, or divorced HUSBAND of	, ,		
(or) WIFE of William	duerus.	22. 1 HEREBY CERTIFY. That I attended go	ceased from
6. DATE OF RIRTH (month, day, and year) (lies	buam) 1880	I last saw her alive on March 9 1900;	,
6. DATE OF BIRTH (month, day, and year) (Days If LESS than	to have occurred on the date stated above, at / 2 _ m	168111 13 3410
53	1 day, hrs.	THE RINGE ACCORD OF DEATH and tented causes of importance	ats of onset
8. Trade, profession, or particular kind of work done, as SPINNER.	,		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decel last worked at this occupation, month and	welver.	A	100
work was done, as SILK MILL, SAW MILL, BANK, etc.	· · · · · · · · · · · · · · · · · · ·	Chrone rejoeardner	7.52
10 Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	Ned mysteria	
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Valle			
(State or country) Mary	aux.	_	
13. NAME leek us un 14. BIRTHPLACE (city or town).			
4 14. BIRTHPLACE (city or town)	- At	Name of operation Date of	
	maa	What test confirmed diagnosis? Was there an auto	psy?
E	Crack Control of the	23. If death was due to external causes (VIOLENCE) fill in also the following:	10
O 16. BIRTHPLACE (city or town) (State or country)	States	Accident, suicide, or homicide? Date of injury Where did injury occur?	., 19
Nestite!	Reserve	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
17. INFORMANT (Address)	Md.		
18. BURIAL, CREMATION, OR REMOVAL	M1 - 1/ 19	Manner of injury	
Housedowslasse0	ate/Nac.//, 1933	Nature of injury	
19. UNDERTAKER Clearles J.	Seferos	24. Was disease or injury in any way related to occupation of deceased?	
(Address) M. Mourice	St. Dallo,	If so, specify	
20. FILED Mar. 9, 1933 CH	arry Well	(Signed) March M. Lete	M. D.
	Registrar.	(Address) A Received	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy .	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
18081			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 yeor
MONA			

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

farmats,

(Address) _	(D.D.M.	Was	Res	well
(41001000)	·		d	
		-	The second second	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis (197)	3 days ago
		APR 3 WI)3
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1.61	

ADDITIONAL SPACE FOR FURTHER STATEMENT	5 BY		BY	BY	Y	7)	I	P	P)	J	I	Ĥ	1	ľ	7	j	ï	ï	ſ	Ì	6	S	5	3	J	ſ	j	O	7	I	į	A	١	Ü]]	į	J	l]	Ì	Ì	,	j	Ì		Ĺ.	Ĺ	1	1	V	١	4	A	A	1	1	J		Ĺ	ĺ	l	I	1	1	įĮ	j	j	7	Ì	3	7	ĵ	(Ü	ĺ	I	J		5	5	6	1	ű	j	1	ĺ	J	ŀ	1	ŋ)	3	ľ	Ĭ					ľ	ï	Ĭ	7	ï	3	3	3	F)			7	6	ľ	1	ľ	V	ľ		ď	I		1	N	I	3	F	IJ	Γ	ŋ	7	1	A	1	ľ.	Г	1	5	Š	5	5	-	
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should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

6 =	(V)	1	p-	()
U	2	6	J	4

1. PLACE OF DE					, /
County Car	roll			Registration Dist. No.	
Village or City/_	In pesorel	Ze .		No. Ahrungfield Hale Hospital St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
	cily or town where d		(If yrs3mos.	death occurred in a hospital or institution, give its NAME, instead of street and	os. ds.
4					
2. FULL NAME_ (a) Residence: No	2327 70	Larford /	Road.	St., Ward. Baltimore, Md.	State
PERSONAL	ND STATISTI			MEDICAL CERTIFICATE OF DEATH	
	LOR OR RACE	5. SINGLE, MARI		M DATE OF DEATH	
male &	Phite		(write the word)	Ma	, 193. 3. (Year)
5a. If married, widowed, or of HUSBANO of (or) WIFE of	livorced Unkn	rwa.		Jamery 4 1933, to March 25	deceased from
6. DATE OF BIRTH (month,	Fa	m. 24 16:	× 1853	Ilast saw has alive on March 24 1933	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 2.25A.m.	
80	/	9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
	particular		ormin.		Prior to
8. Trade, profession, o kind of work do SAWYER, BOOK	ne, as SPINNER. C	oper + In	ocery Duriness	General arteriosclerosis	September
9. Industry or busines work was done,	s in which	Boarding 7	touse Kuper.		1930
SAW MILL, BAN 10. Date deceased last this occupation	K, etc	11 Total ti	ma (years)		
this occupation (2 sper	nt in this 60		
	Bala	inve		Other Contributory Causes of importance:	Prior to
12. BIRTHPLACE (city of to	vn)	md.		Chromic Interstitue Rephretis	December
	mas Ken	Also.			1932.
T		0		Name of operation None Date of	
14. BIRTHPLACE (city of	r town)	md.		Name of operation Work Date of What test confirmed diagnosis? Was there an a fabriatory was there an	Julopsy? no
15. MAIOEN NAME	Ulsaknow			23. If death was due to external causes (VIOLENCE) fill In also the followin	
16. BIRTHPLACE (city of	rtown) Bal	timore	· · · · · · · · · · · · · · · · · · ·	Accident, suicide, or homicide? Oate of injury	19
(04440 01 0044111	у)	md.		Where did injury occur?(Specify city or town, county and Str	ale)
17. INFORMANT Chrom. (Address)	spela state	Hospital	Records)	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PI	LACE.
18. BURIAL, CREMATION, O	REMOVAL	7/10	on Man	Manner of injury	100 M
Driver d M	idge	Oate ///	V. V/, 1953	Nature of Injury	
19. UNDERTAKER	lun U	elrica	V a. 1	24. Was disease or injury In any way related to occupation of deceased?	no
(Address)	galti	mare	- Mil.	If en enerify	
20 EUED 21/24.78	19.33 Q	Harry	Week	(Signed)	M. O.
20. 1100	-, 13		Registrar.	(Address) (SSH) Dy kesvelle. Me	<u></u>

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributors causes of importance: Gallstones EE61 18 HAM	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02	753*
1. PLACE OF DEATH	39)	
County Carred	Registration Dist. No. 20	
Village or City Janly Www.	No. St., death occurred in a hospital or institution, give its NAME instead of street and no	Ward umber)
Length of residence in city or town where death occurredyrsmos	. ds. How long in U.S. if of foreign hirth? yrsmo	s ds.
2. FULL NAME to harles to Aufus		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH Mar (Month)	193 3 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or West of Married Ma	22 I HEREBY CERTIFY. That I attended d	leceased from
Mary M. Musino	+el 20th 10 83 10 Mar /1 Th	, 19 3 3
6. DATE OF BIRTH (month, day, and year) NOT 26, 1876	Hast saw h. Assa alive on Hastle // th 19.33	; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
06 0 10 or rain.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER.	-augus a Pectoris	Mar 1
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	- Chigh a Pectoris	1903
work was done, as SILK MILL, SAW MILL, BANK, etc	1 3 minutes travalin	
2 - 1 C and seception (month and		
year) occupation	Other Coatributory Causes of importance:	
12. BIRTHPLACE (city or town) (State ox country)	Orabote Mollita	Sel 20
# 13. NAME James / Luhna	Ostuperos marino -	\$ 1933
	Name of operation	
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an au	
15. MAIDEN NAME CALPULLE ORQUES	23. If death was due to external causes (VIDL ENCE) fill in also the following:	
15. MAIDEN NAME (Calleller) Depus (State or country)	Accident, suicide, or homicide? Date of injury	, 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State	
17, INFORMANT MYO OROS W. / Juhns	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	CE.
(Address) 18. BURIAL CREMATION, OR REMOVAR		
Place 7 - 4 Della 8 January Date Ther 14 193 =	Manner of injury	
April 2003	Nature of injury	111)
19. UNDERTAKER (Address) and Oun.	24. Was disease or injury in any way related to occupation of deceased?	·
M M a) p 1// h b + 1	(Signed) L. M. Berner	, M. D.
20. FILED LACK 1933 Mary D. Will, Defeated.	(Address) Janen Town A	ld
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUILISAU			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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- 1		54
- 2	7 200	

<u> </u>	92-0	01 01	-/ \ 1 1 1	02	54
		Registra	tion Dist. No	77	
NDdeath occurre	ed in a hospital or insti				Ward
A ds.	How long in U.S. if	of foreign birth	7 yr	s. m(os. ds.
Lew	rlev				
St.,	Ward.	If nonres	ident give city	or town and	State
	MEDICAL	CERTIFICA	ATE OF	PEATH	
21. DAT	E OF DEATH	Pilo:			
		(Month) /	/ G	y) /	, 193 3 (Year)
Efra	HEREB	Y CERT	mcls.	l attended	deceased from
1 Lest saw t	h. Lon alive on	mel	. 9,	.1933	; death is said
to have occ	curred on the date sta	ted above, al Z:	15 am		
were as fo	ollows:				Date of onset
Mi	tral Ins	ruffs	run	cy	1930
Other Cont	tributory Causes of im	portance:	diti	0	1930
	peration				
What test	confirmed diagnosis?_		W	as there an a	utopsy?
	was due to external c				
Accident, s	suicide, or homicide?_	*************	Date of in	jury	, 19
Where did	injury occur?				
Manner of	intern				
Manner of					
Nature of i	ease or injury in any	way salated to	daysation of d	annead?	No.
1 44. Was 0150	case or injury in any	way related to 0	ccupation of d	eccased4	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	---------	-----	---------	------------	----	-----------

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be WRITE PLAINLY, WITH N. B.

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(2) 12.5
County Carroll	Registration Dist. No.
Village or City facedone = Pt. D. Sykeson	Class, now St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME James G. Linton	
(a) Residence: No./	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White OR DIVORCED (wite the word)	March = 16 = 1933. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (qr) WHT & annie M. Linton	22. I HEREBY CERTIFY. That I attended daceasad from 1933 to marc. 26 1933
6. DATE OF BIRTH (month, day, and year) /85-6-7-7	Hast sawh in ative on have 32 1931 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at Sivoam.
76 8 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Date of onset
SAWYER, BODKKEEPER, etc.	Carcinoma Mulistine Dec/32
S. Industry or business in which work was done, as Stl.K MILL,	
3. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, atc	
2 / les	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Many Land, (State or country) Many Land	
The state of the s	
H	
(State or country)	Name of operation
15. MAIDEN NAME Mirange Carry	What test confirmed diagnosis?
	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide? 19
(State or country)	Where did injury occur?
17. INFORMANT It alter & fortie. (Address) 12. F. IJ September 2006.	(Specify city or town, county and State) Specify whether injury occurred in tNDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Platereldom lessely. Date Mar, 79, 1933.	Natura of injury
19. UNDERTAKER 6. M. Malfo 'Malfo 'Ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. March 2819-33 D. Willow Glermon	(Signed) PND No Elders M.D. (Address) Elders but a
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

	STATE C	OF MARY	LAND-	CERTIFICATE OF DEATH	9756
1. PLACE OF DE	ATH	His City 222		(J3j)	/ 0 ,
County Ca	rrull	344		Registration Dist. No.	6
Village or City	Vestmin	ester	(1)	No. 301 E, M, St., death occurred in a horpital or institution, give its NAME instead of street a	War
Length of residence i	n city or town where	death occurred		ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME.	Januar	2 Overl	in Lo	719	
(a) Residence: No	3010	m.	<u></u>	St., Ward.	
DEDCOMAL	NO 6747167	(Usual place of		If nonresident give city or town	
1		ICAL PARTICI		MEDICAL CERTIFICATE OF DEATH	4
male a	v hite	5. SINGLE, MARRIE OR DIVORCED (write the word)	21. DATE OF DEATH March (Month) (Day)	, 193 <u>3</u> (Year)
5a. If married, widowed, or of HUSBAND of				22a I HEREBY CERTIFY, That I atten	ded deceased from
(or) WIFE of Th	omsie 1	1. Long		murch 14,1933, 10 Murch	20 1933
6. DATE OF BIRTH (month,	day, and year)	arch 9-	1861	I lest saw h. Lim alive on murch 20, 19	death is sai
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at _6:304 m.	
72		1 / 0	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	10.1
8. Trade, profession, o kind of work do SAWYER, BOOK	r particular	1 8		asteriosclerosis	Date of onset
SAWYER, BOOK		atruc		Chronic rephritis	
9. Industry or busines work was done, SAW MILL, BAN	as SILK MILL,			Cerebral Herourlege	Mau. 14
No. Date deceased last this occupation (year)	worked at	11. Total time spent i	n this		/933
				Other Contributory Causes of importance:	
12. BIRTHPLACE (city or to) (State or country)	marule	and it			
13. NAME /1 ~	PIT				
		7		No. of a self-unit	
14. BIRTHPEACE (city o				Neme of operation Date of Date of Date of	
15. MAIDEN NAME	annie	Condon			an autopsy?
16. BIRTHPLACE (city o	s town)			23. If death was due to external causes (VIDLENCE) fill in also the followable for the fo	
16. BIRTHPLACE (city o		land		Where did injury occur?	
17. INFORMANT Price 7. (Address) On 1	homail	a. Img		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC	State) PLACE.
18. BURIAL, CREMATION, O		,		Manner of injury	
Place mead	authroneh	Dete Praced	43, 1953	Nature of injury	
19. UNDERTAKER A	Bankurat	dt sm		24. Was disease or injury in any way related to occupation of deceased? Mr so, specify	
20. FILED 2/2/	1933 7	lean	52	(Signed) Wy Herry Specher	M. F
	.,		Registrar.	(Address) Westernesser	
	If more	blanks are needed, addr	ess State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I Example II

		Diampie 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state of OCCUPAitem of infor-Should PHYSICIANS Stated EXACTLY, PHYSICIANS
stated EXACTLY Exact statement ORD. Every BINDING TION is very important. See instructions on back of certificate. FOR UNFADING INK-THIS be MARGIN RESERVED be AGE should CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefully B.-WRITE PLAINLY, V. S. No. 1 ż

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	2757
1. PLACE OF DEATH		(131)	
County Carroll		Registration Dist. No.	74
Village or City Dykesvelle	L. (III	No. Thringfuld State Hospital St., death occurred in a hoppial or institution, give its NAME instead of street and	Ward number)
Length of residence in city or town where deat	h occurredyrsmos.	15 ds. How long in U.S. If of foreign birth? yrs.	
2. FULL NAME (dward	B. Maloney		
(a) Residence: No.	(Usual place of abode)	St., Ward. Deuton Marylan If nonresident give city of town ar	
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX A. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH March 13 = (Month) (Day)	, 193 J
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie H	oward.	July 8 1 HEREBY CERTIFY. That I attende	
6. DATE OF BIRTH (month, day, and year) Lepter	under 22 th 1879	Clast saw hazi alive on march 13 2 193	death is seid
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 5.20 P.m.	
53 5	19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date ol onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Farmer	Cerefral arterioseleroses.	Inly.
NINdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		with high artered tension.	1-97=5
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1925	11. Total time (years) spent in this 3/4cm	(13.P. 2/2/132)	
12 DIDTHDI ACE (situar town)		Other Courributory Causes of importance: Cerebral apoplety with right	Marmher
	e County, md	side Kemplegia	29-1931
13. NAME Robert Maloney		Chrome Interstetent hephretis	- Jame 19-3
13. NAME Referred Malones 14. BIRTHPLACE (city or town) (State or country)	hd	Name of operation Physical and Labor atom, find What test confirmed diagnosis! Was there are	Cang,
15. MAIDEN NAME Josephine	Beauchamp.	23. If death was due to external causes (VIOL ENCE) fill in also the following	ng:
15. MAIDEN NAME freshme 16. BIRTHPLACE (city or town) (State or country)	å.	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Apringfreed State (Address) Denkesvil	rafital (Records)	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC P	
18. BURIAL, CREMATION, OR REMOVAL	Date Mac 16, 1933	Manner of Injury	
19. UNDERTAKER (Address)	Moore ;	24. Was disease or Injury In any way related to occupation of deceased?.	no
20. FILED WW 13, 19 3 3 W	Harry Hear	(Signed) John h. morris (Address D. Q. W. I Pakesville ma	M. D.
YC 11	1 11 11 C P :		

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chranic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

6 .	(6 V	in,	100	0
U	2	1	0	0

1. PLACE OF DEATH			46		
County Carroll Con	unty		Registration Dist. No.		
Village or City Springfi	eld St. I	Hosp., Sy	ke wille, Maryland. St., Ward		
		(16	death occurred in a hospital or institution, give its NAME instead of street and number) 6 ds. How long in U.S. if of foreign birth?yrsmosds.		
			ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME ITA MC					
(a) Residence: No. LONTOV:	la, Mont		9 St. Ward. If conresident give city or town and State		
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE	S. SINGLE, MAR	RRIED, WIDOWED,	21. DATE OF DEATH		
Male White	OR DIVORCE	D (write tha word)	March 18 , 193 3		
5a. If married, widowed, or divorcad			(Month) (Day) (Year)		
HUSBAND of (or) WIFE of			22. HEREBY CERTIFY, That I attended deceased from		
	77 1	70 708	January 12, 19 33 to March 18, 19 33		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Februar	y 18, 187	7 Hast saw h. 1M. alive on EPCN 18 , 19. 33; death is seid to have occurred on the date stated above, at 10.078m.		
	Days	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
56 1	1 0	ormin.	were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Farmer		Carcinoma of Rectum Unk		
Industry or business in which	· · · · · · · · · · · · · · · · · · ·				
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc					
this occupation (month and TT-)		time (years) ent in this Unk			
			Other Contributory Causes of importance:		
12. BIRTHPLACE (city of town) Pre-	derick Co	0.			
Tal. NAME Calvin Mc.	Flfrech				
14. BIRTHPLACE (city or town) FTC!		0	Colostomy and resection 2 TO 72		
(State or country)	der tov o	0.	What test confirmed diagnosis? Was there an autopsy? DO		
15. MAIDEN NAME Ida Law	son		23. If death was dua to external causes (VIOLENCE) fill in also the following:		
	ederick (Co.	Accident, suicide, or homicide?		
(State or country)	~	<u> </u>	Where did injury occur?		
17. INFORMANT Hospital re	ecords.	Md	(Specify city or town, county and State)		
*** **** ORM*****	ital. Syl	kesville.			
18. BURIAL, CREMATION, OR REMOVAL	1110		Manner of injury		
resilional cities	Date	10.20,19 33	Nature of injury		
19. UNDERTAKER Agray St.	Sarbe	V	24. Was disease or injury in any way related to occupation of deceased?		
(Address) Hattleer	bing !	md.	If so, specily		
20. FILED / Peaces 18, 19 33. 4	Mary	Mush	(Signed) MMM & WINNER M. D.		
	/	Registrar.	(Address) D. S. Jours Jag Syllal Chile, M.G.		

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Example I		Example II	
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Arteriosclerosis	1915		1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GSMGOS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

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Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
- 10 miles			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones Co.	May 1,1923	Gastroenteritis	1 year
May 1		• • • • • • • • • • • • • • • • • • • •	

STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	0
1. PLACE OF DEATH		(131)	
County Oarrall	1	Registration Dist. No. 74	
Village or City Sylus	ville	No princy field Deste Too ??	_Ward
Length of residence in any or down where		death occurred in a horning or institution, give its NAME instead of street and number. 17 ds. How long in U.S. if of foreign birth?) de
1//	a Miller	As a selection of the s	us.
2. FULL NAME RECES	a maer (Triveller) By Ot.	1.
(a) Residence: No.	(Usual place of abode)	St., Ward If nonresident give city or town and State	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	3
5a. If married, widowed, or divorced	1 July a	(Month) (Day) (Y	(ear)
HUSBAND of (or) WIFE of	· ·	1 HEREBY CERTIFY, That I attended decaase	ed from
10	no +day	June 2/ ,19/5, 10 / Warch 10, 15	25
6. DATE OF BIRTH (month, day, and yaar) / > 7. AGE Yaars Months	13 - unimakun	1 1/20	h Is said
7. AGE Yaars Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at Q.T.C.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
2 Trade avoltagion as postiguitar	ormin,	ware no follows:	of onset
8. Trade, protassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	None	Johnsey neathering 14.	222
9. Industry or business In which	* * * * * * * * * * * * * * * * * * *	00	
work was done, as SILK MILL, SAW MILL, BANK, etc.		Chrauce Myocardelis : to	w
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	0	
12. BIRTHPLACE (city or town) Palta	ware med.	Other Contributory Causes of importance:	
(State or country)		Epile D. S. I. Olya 45	42
13. NAME Lawrence 7	Weller	The state of the s	6
14. BIRTHPLACE (city or town) BAC	Timore-md.	Name of operation Name Data of	
(State or country)	101.	What test confirmed diagnosis Clinical wides was there an autopsy	
15. MAIDEN NAME Rophia 16. BIRTHPLACE (city or town) Bal (State or country)	Whipfuld	23. If death was due to external causes (VIOLENCEX III in also the following:	
5 16. BIRTHPLACE (city or town) Bal	Tunare. ned.	Accident, suicide, or homicide? Date of injury	9
(State or country)		Where did Injury occur?	
17. INFORMANT, S. Horap. M.	ecords.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)	ille-med		
18. BURIAL, CREMATION, OR REMOVAL	" May 11 33	Manner of injury	
MAPlace Court	1900	Nature of injury.	
19. UNDERTAKER	pu In.	24. Was disease or Injury in any way related to occupation of deceased?	
(Addrass) Syresine	i juli.	If so, specify	
20. FILED / LAW. 10, 19.33	Jany/1ew	(Signed) S. Acade Natura	M. D.
7.0	Registrar.	(Addrass)	
1f more	viantes are needed, address State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilensy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WIT

V. S. No. 1

1	. PLACE OF	DEAT	гн		yland Tu	d namah	2761			
	County Carroll Colored Barnch Registration Dist. No.									
	Village or Cit	y Her	ryton,	Maryla	d	No. (above) St, death occurred in a horpital or institution, give its NAME instead of street and n	Ward			
	(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred or yrs. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.									
,	. FULL NAM									
1					Baltomor	e stlid . Ward.				
20.00	(a) nesidenc	e. No.	20.1509.77	(Usual place		If nonresident give city or town and	State			
	PERSON	AL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH				
	renale		Lored		RED. WIDOWED. O (write the word)	21. DATE OF DEATH March 24, 1933 (Month) (Day)	. 193 (Yeer)			
5a.	If married, widowe HUSBAND of	d, or divo	rced							
	(or) WIFE of					Nov., 30, 1932, to arch 24, 1				
6 1	DATE OF BIRTH (n	anth day	and year) NO	v. 4.	1914	0.70	; death is seid			
	AGE Years		Months	Days	If LESS than	to have occurred on the date stated above, et 12.10m a.l.				
	18	}	4	20	1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset			
PATION	8. Trade, profession, or particular kind of work done, as SPINNER, Domestic SAWYER, BDDKKEEPER, etc.				С	Fulmonary Tube culosis	Date of onset			
CUPAT	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc						Sept. 1932			
occu	1D. Dato deceesed this occupy year)	d last wor ation (mor	ked at ith andnknow	11. Total ti	me (yeers) it in this nlanow pation nlanow	wh				
12.	BIRTHPLACE (city (Stete or count		Balti Taryl			Dither Contributory Causes of importance:				
2	13. NAME		Walte	r Milli	gan					
FATH	14. BIRTHPLACE		wn) Palti	more,		Name of operation	710			
HER	15. MAIDEN NAM	E	Lula .	Adams		23. If death was due to externel causes (VIOLENCE) fill in elso the following				
MOTH	16. BIRTHPLACE		wn) Culpe	P. Openson was an arranged		Accident, sulcide, or homicide? Date of Injury Where did injury occur?				
						(Specify city or lown, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA				
18.	18. BURIAL, CREMATION OR REMOVAL					Manner of injury				
	Place MA Cafery Dato 3/28/183					Nature of injury				
19. UNDERTAKER (Potenty of Millians 24.						24. Wes disease or injury in any way releted to occupation of deceased? If so, specify	no.			
	3/01	133	Jan Jan	66	6, 00	(Signed) The Q Mee	W M.D.			
20.	FILED SALES	, 1	19. Le DI	Ity Too	Registrar.	(Address) TY Englo	n med			

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore Requesting V. S. No. 1.

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	mple I		Example II		
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	APR 4-1933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH JO. should County item JO PHYSICIANS PERMANENT RECORD. Every Length of residence in city or town where death occurred statement (a) Residence: No. Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ny classified 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years Months Days If LESS than stated 1 day, ____hrs. 0 0 IS min. 8. Trade, profession, or particular THIS. OCCUPATION kind of work done, as SPINNER, be JO. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which may back plnods work was done, as SILK MILL, SAW MILL, BANK, atc..... 11. Total time (years) spent in this on 10, Date deceased last worked at this occupation (month and that occupation See instructions UNFADING os 12. BIRTHPLACE (city or town) (State or country) supplied. CAUSE OF DEATH in plain terms, FATHER 14. BIRTHPLACE (city or town) (State or country) mation should be carefully MOTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) -WRITE PLAINLY (Stata or country 17. INFORMANT TION is very (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) B ż Registrar.

02762

Registration Dist. No. 7	
A. No.	Ward
death occurred in a horpital or institution, give its NAME instead of street and	number)
ds. How long in U.S. if of foreign birth? yrs m	os ds.
Where	
ed co	
4, St., Ward. If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	
11.NV 17	193-3
(Month) (Day)	(Year)
22. AMEREBY CERTIFY, Phay Lattendad	daceased from
- Man 17 19 53 to May 1	7 19 33
1 last saw him nontrolline May 17, 19 33	: death is said
to have occurred on the data stated above, at 813 + Pm.	,
The PRINCIPAL CAUSE OF DEATH and related causes of importance	
were as follows:	Date of onset
104 11 / 101	
Al Alla Color	
	-
	-
Other Contributory Causes of importance:	
011	,
Satur foramen onale	
	-
Nama of operation Date of	
What test confirmed diagnosis? Planning Was there and	u'opsy200
23. If death was dua to external causes (VIOLENCE) fill in also the following	
Accident, suicide, or homicida? Data of Injury	
Where did injury occur?	, 19
(Specify city or town, county and Stat	e)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
Manner of injury	
Nature of injury	3
24. Was disease or injury in any way ralated to occupation of deceased?	no.
If so, specify Of American	1-2.
(Signed) Justines Hallan	sic M.D.
(Address) Lawytwow]	ud
MALE N. Charles Street, Baltimore, Requesting T.S. No. v.	7

If more blanks are needed, address State Registrar,

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Example I	- 1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1 N. B.—W

		STATE	OF	MARY	YLAND-	CERTIFICATE OF DEATH	222
1.	County	Carroll			Colo	erculosis canatorium red Branch Registration Dist. No. 74	4.5.4
	Village or C	ity Henryton		(No. St, death occurred in a hospital or institution, give its NAML instead of street and reads. How long in U.S. if of foreign birth?	Ward
2.	FULL NA	ME Ro e Mo:	rris	S	id, Balti	06	
	(a) Residen	ce: No.		(Usual place of		St., Ward. If nonresident give city or town and	State
MIT I	PERSON	AL AND STATIS	TICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	ex Jenale	Colored	0	ingle, Mari R Divorced 1 ng 10	RED. WIDOWED. (write the word)	21. DATE OF DEATH Larch 23, 1933. (Month) (Oay)	193 (Year)
5a.	If merried, widow HUSBANO of (or) WIFE of	ed, or divorced				22/4/4/32 HEREBY CERTIFY Ins. Jattendod	deceased from
6. D	PATE OF BIRTH	(month, day, and year)	ugu	st 27,	1910	Hast saw h. er alive on Harch 23, 1933,	; death is said
7. A	GE Yea			0ays 24	If LESS than I day, hrs. or min.	to have occurred on the date stated above, at 11.20m 1.11. The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	Date of onset
TION	8. Trada, profa- kind of v SAWYER,	ssion, or particular work done, as SPINNER, BOOKKEEPER, etc.	Doi	nestic		Pulmonary Tuberculosis	Dec
OCCUPATION		business in which s done, as SILK MILL, L, BANK, etc	Но	usewoi			1931
00	10. Dato deceas this occu year) _	ed last worked at		11. Total ti	me (years)	Other Contributory Causes of importance:	
t2.	BIRTHPLACE (ci (State or cou		rk W J	ersey.)		
田	13. NAME	ovosser Mo					
FATHER	14. BIRTHPLACE (State or	(city or town)	t I	nd ia I	sles.	Name of operation Oate of What test confirmed diagnosis? Was there are	berging the state of the state
MOTHER	16. BIRTHPLACE	ME Margaret (city or town) Wil		w cton, Caroli	ina.	23. If deeth was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?Oata of injury	
	INFORMANT	John . 0' Henryton,	Nei	ll, ryland	D.,	(Specify city or town, county and State Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	Place Place	ming on	20	ete 3	14/1955	Manner of injury	70,
19.	UNDERTAKER (Address)	0 201	fine	5	She	24. Was disease or injury in any way related to occupation of deceased?	
20.	FILEO. 3/25	3/33,19	Mit.	(dC	Micel , Registrar.	(Signed) That Therefore (Address) Therefore	w reed

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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TION is very important. See instructions on hack of certificate.

of OCCUPA-

		ST	ATE O				CERTIFICATE OF DEATH	
1	. PLACE OF	DEATI	H	1	aryl		120	3
	County Ca	rrol	1			Colored	Branch Registration Dist. No. 74	
	Village or City	Hen	ryton,	lid.	Paris a spirit		No. (above) St, death occurred in a hospital or institution, give its NAMIC instead of street and number	_Ward
	Length of rasida	nce in city	or town where d	eath occ	curred			ds.
2	. FULL NAM							
	(a) Residence	: No. 2	15 W. 1	full	Derry	St., Be	11 to., 11d Ward.	
MEDICAL	PERSONA	LAND	STATISTI		-		MEDICAL CERTIFICATE OF DEATH	
3, 5	SEX Nale		or RACE	OR	GLE, MARI DIVORCEI	RED, WIDOWED. O (write the word)	21. DATE OF DEATH Mar., 10, 1955 193	Year)
5a.	tf married, widowad			1	74115			
	HUSBAND of (or) WIFE of				-		22. I HEREBY CERTIFY. That I attended deceared by the state of the sta	sed from
			00	4	20.	1911	im Morch 10 1933	th is said
	DATE OF BIRTH (me	onth, day,	Months	,	Days	If LESS (han	to have occurred on the date stated above, at 4.30 M. 11.	
	21		4		18	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
NOI	8. Trada, profession kind of wor SAWYER, B	rk done, as	SPINNER.	rai	lor		Pulmonary Tuberculosis	e of onset
CCUPATION	9_ Industry or bu work was d SAW MILL,			Unk	nown			ept.
000	10. Date deceased this occupativear)	total continues	and and	wn	2021	me (years) it in this pation Unknow		931.
		4-	Balti				Other Contributory Causes of importance:	
12.	State or countr		Maryla		Y			
R	13. NAME		John 1	For	d			
FATHER	14. BIRTHPLACE (city or tow	n) Lawren	nce	ville	9	Name of operation	2
	(State or co	ountry)	"Virgi				What test confirmed diagnosis? Was there an autop	yllo.
HER	15. MAIDEN NAMI	E	Anna		Ker		23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (Unknov Virgi				Accident, sulcide, or homicide?	19
-	(State or c				7 25	D	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, IN HOME, or In PUBLIC PLACE.	
	(Address)		ton, I	-		• D•	Specify whether injury occurred in two STRT, in nowe, of in FORCIO PEACE.	+++
18.	BURIAL, CREMATIO	ON, DR RE	1/ .	Date	3/1	3 1933	Manner of injury	
-	Placa //	7/1	2	Date		13.00.00	Nature of injury	10,
19.	(Address)	· W	Mas	ee.	TR		24. Was disease or injury in any way related to occupation of deceased? If so, specify	
-		133	Chil	16	DI	1. !	(Signed) Thus Co. Oliese	e M.D.
20.	FILED 3/10/	.00.,19	De pu	ty	Loca	Registrar.	(Address) / Thurston 2	ed.
-		()	If more	blanks	are needed,	address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1,	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
		, •	

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02719

820		/
Registr	ration Dist. No.	14-
(If death occurred in a horpital or institution, give its mos. ds. How long in U.S. it of foreign bli	NAME instead of street and	number)
un teknel		
Quest., Ward. Walter	resident give city or town an	
MEDICAL CERTIFIC	CATE OF DEATH	2
21. DATE OF DEATH	45	
(Month)	(Day)	, 193 3 (Year)
I last saw h_0 \& aliva on Md \& & to have occurred on lhe date stated ebove, at	to March 7	d deceased from , 19 9 9 3: death is said
The PRINCIPAL CAUSE OF OEATH and ralate were as follows:	ed causes of importance	Date of onset
Cerebral Dem	verlege	3-6-35
Other Contributory Causes of Importance:		
Name of operation		
What test confirmed diagnosis?	Was thera an	autopsy? 200
23. If death was due to external causes (VIOLE		
Accident, suicide, or homicide?	Oate of Injury	19
Where did injury occur?	city or town, county and St. f, In HOME, or In PUBLIC P	ate) LACE.
Manner of Injury		
24. Wes disease or Injury In any wey related to		no
If so, spacity	10	
(Signed) Maced M	Cees	M. D.
(Address) Lyfel	wills !	WX

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrat

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Mantgo23	Gastroenteritis	1 year
THO.			

V. S. No. 1

1. PLACE OF BRATH County Village or City Village or City Village or City No. No. (If death occurred in a horpital or imnitivation, give its NAME instead of street and number) (If death occurred in a horpital or imnitivation, give its NAME instead of street and number) (a) Residence: No. (b) Honomerident give city or town and State PERSONAL AND STATISTICAL PARTICULARS J.SEX 1. Ward. PERSONAL AND STATISTICAL PARTICULARS S. If married, widowed, or divorced MUSSARO Or (North) (World) S. If married, widowed, or divorced MUSSARO Or (North) (World) S. If married, widowed, or divorced MUSSARO Or (North) (World) (North) (Day) (Year) 1. DATE OF DEATH (Month) (Day) (Year) 22. J HEREBY CERTIFY, That I attended deceased from the state of work dome, as SYNNER, SONREPER, NC. SANYER, BOOKERER, NC. SANYER, BOOKER, ARRED,	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City	1. PLACE OF DEATH	<u> </u>
Length of residence in city or town where death occurred	County Carrott	Registration Dist. No. 75
Langth of residence in city or town where death occurred		
(a) Residence: No. (b) Clustiplace of abode) St., Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS J. SEX 1. COLOR, OR RACE S. SINGLE, MARKED, WIDOWED. OR DIVORCED ("write the word) Sa. It married, widowed, or divorced HUSSAND HUSSAND T. AGE Years Months Day It LESS than Iday. It alst saw h. It a		
(a) Residence: No. (Usus place of abode) (If nonresident give city or town and State MEDICAL CERT IFICATE OF DEATH (Month) (Day) (Sall place of abode) (Nonth) (Day) (Yoar) 193 22. I HEREBY CERT IFY, That I attended deceased from 19. (Nonth) (Day) (Yoar) 193 22. I HEREBY CERT IFY, That I attended deceased from 19. (I last saw h. elive on 19. (above occurred on the date stated above, at	12 11.11 20 11.20	
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR-OR BACE OR DIVORCED (write the word) 5. If married, widowed, or divorced HUSBORD (Month) 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than I day,	d A	Ct Ward
3. SEX 4. COLOR OR RACE COLOR OR RACE OR DIVORCED (awrite the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (awrite the word) 5. It married, widowed, or divorced HUSBAND of (Cr) WIFE of Cr) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than I day, hrs. or min. 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAMYER, BOOKKEEPER et clauses of importance were as follows: SAMYER, BOOKKEEPER et clauses of importance were as follows: 10. Just deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) 17. INFORMANT (State or country) 18. BIRTHPLACE (city or town) (State or country) 19. Hart of DEATH 19. (Specify or town) 19. (Specify or town), country and State)		
5a. If married, widowed, or divorced HUSBAND of (cy) Wife		
58. If married, widowed, or divorced HUSBAND of (or) WIFE of 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		May 1/ 193 33
(or) WIFE of 19., to, 19. 19., to	5a. If married, widowed, or divorced HUSBAND of	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than I day	(or) WIFE of	
7. AGE Years Months Deys II LESS than I dayhrs. ormin. 8. Trade, profession, or particular kind of work done, as SPHNNER, SAWYER, BOKKEPER, etc	6 DATE OF RIPTH (month day and year) May . 17 - 19 3.3	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atm.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Clearles & March 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Allers & West there an aulopsy? 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury		ware as follows:
The state of country of the state of the sta	8 Trade profession or particular	01 110
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME Clustes & Manuel Contributory Causes of importance: 14. BIRTHPLACE (city or town) Causel Contributory Causes of importance: 15. MAIDEN NAME Level & Manuel Contributory Causes of importance: 16. BIRTHPLACE (city or town) Causel Contributory Causes of importance: Name of operation	SAWYER, BOOKKEEPER, etc.	sulloon -
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME Clustes & Manuel Contributory Causes of importance: 14. BIRTHPLACE (city or town) Causel Contributory Causes of importance: 15. MAIDEN NAME Level & Manuel Contributory Causes of importance: 16. BIRTHPLACE (city or town) Causel Contributory Causes of importance: Name of operation	work was done, as SILK MILL,	P + CD 1 1
13. NAME Classes & Date of Country) 14. BIRTHPLACE (city or town) Carroll & Manner of Injury 15. MAIDEN NAME Action of Louising Country) 16. BIRTHPLACE (city or town) Carroll & Manner of Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT Classes & Date of Manner of Injury 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury		Vientature - 3 % month
13. NAME Clubes & http:// 14. BIRTHPLACE (city or town) Carroll & Manner of operation. 14. BIRTHPLACE (city or town) Carroll & Manner of operation. What test confirmed diagnosis? Wes there an aulopsy? 23. If deeth was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Date of Injury, 19. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Cleara Mat. Manner of Injury Manner of Injury Manner of Injury		Other Contributory Causes of importance:
What lest confirmed diagnosis? Wes there an aulopsy? 15. MAIDEN NAME Active of Lower Country Series of Legislation and State of Lower Country Series of Legislation and State of Legislation and St		
What lest confirmed diagnosis? Wes there an aulopsy? 15. MAIDEN NAME Active of Lower Country Series of Legislation and State of Lower Country Series of Legislation and State of Legislation and St	E Canada Day	N
15. MAIDEN NAME Actident & Bold (State or country) 16. BIRTHPLACE (city or town) Carroll Company (Specify city or town, county and State) 17. INFORMANT Charles & Wylls (Address) Clears May (Address) 18. BURIAL, CREMATION, OR REMOVAL 23. If deeth was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Date of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	(State or country)	
(Specify city or town, county and State) 17. INFORMANT CLASS Alexander of Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Alexander of Injury Manner of Injury	I 15. MAIDEN NAME Helm L. Brb.	
(Specify city or town, county and State) 17. INFORMANT CLASS Alexander of Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Alexander of Injury Manner of Injury	5 16. BIRTHPLACE (city or town) Carroll Co md	
17. INFORMANT (Address) Clesia Add Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Clesia Add Manner of Injury Manner of Injury	(State or country)	Where did injury occur?
		Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Piece	18. BURIAL, CREMATION, OR REMOVAL Place Janden Date May, 17, 1933	
19. UNDERTAKER & harles a Myers, Parent 24. Was disease or injury in any way related to occupation of deceased? (Address) aliana W. d. French 19. Specify 19. Spe		24. Was disease or injury in any way related to occupation of deceased?
20. FILED. Mar. 17. 1933 Mrs. H. J. S. Denner (Signed) W. R. S. Denner (Address) Manchester M. D.	20, FILED # OU . 17, 193 3 Mrs. 7 . S. Donner	(Signed) WRSDerrie M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		SECENTARY NAMED IN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02754
County Carrall.	Registration Dist. No. 75
	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mary E. Palmer.	sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ternale Wint 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowad, or divorced HUSBANO of (or) WIFE of Samuel Palmer.	22. HEREBY CERTIFY, That I attanded deceased from Mach. 18,, 1933, to Mach. 21,, 1933
6. DATE OF BIRTH (month, day, end year) Curing 15 1862 7. AGE Yaars Months Days If LESS than 1 day, hrs. or min.	t last saw h_ eliwe on \(\text{YYZ} \),, 1933; daath is seld to have occurred on the data stated above, et \(\text{JZ} \)m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date decased last worked at this pecupation (month end spent in this securation (month end spent in this	Chronic Interstitial Nephritis Inhan
SAW MILL, BANK, atc	
12. BIRTHPLACE (city or town) (State or country) Washington &. C.	Other Contributory Causes of importance:
ii 13. NAME So not Brieve.	
13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 20 not Know	Name of operation
15. MAIOEN NAME Ont Brown	23. If daath was dua to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicida?
17. INFORMANT Daniel Palmer (Address) manchester ma. 17.4.2	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Christ Christing Pa Date Mar 25, 1900	Mannar of injury
19. UNOERTAKER W.G. Ferrer Pa. (Addrass) Hangra Pa.	24. Wes disease or Injury In any way related to occupation of deceased? 10:
20. FILED Mars. 22, 1933 Mrs. Jr. R. S. Denner Registrar.	(Signed) Edgas M. Byskl M. O. (Address) (Hoampstead Md.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state OCCUPAplnods PHYSICIANS UNFADING INK-THIS IS A PERMANENT RECORD, Every stated EXACTLY. PHYSICIAMS FOR BINDING pe MARGIN RESERVED be plnods so that it may AGE supplied. mation should be carefully supplied.
CAUSE OF DEATH in plain terms, WRITE PLAINLY ż

1. PLACE	OF DEATH		(R)	
County	Carroll		Registration Dist. No.	14
	City Sypeson	(16	No. Shinn shild Mate Hospital St., f death occurred in a hospital br institution, give its NAME instead of street and	Ward number)
2. FULL N	91	(6) 11	s. 26 ds. How long in U. S. if of foreign birth? yrs	10s ds.
(a) Resid	lence: No. 5 D	Wulh Robinson (Usual place of abode)	St., Ward. Balto, Md. If nonresident give city or town and	d State
PERSO	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 18st (Month) (Day)	. 193 3
5a. If merried, wid HUSBAND of (or) WIFE of		den name unknown)	22. I HEREBY CERTIFY, That I attended March 3 1933, to March 18	(Year)
6. DATE OF BIRT	H (month, day, and year)	nly 4th 1875	I last saw her alive on In aroh 18th 1933	
7. AGE	Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et 3.40 Ap.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, pro	ofession, or particular of work done, es SPINNER, ER, BOOKKEEPER, etc.	Day Laborer	Lotar Pneumory a	Date of onset March 162193
9. Industry of	or business In which was done, as SILK MILL, MILL, BANK, etc.	,	y-ti-sample	
10. Date dece this od year)	eased last worked at Accupation (month and 193			
12. BIRTHPLACE		M Itali.	Other Contributory Canses of importance:	Prior lo
1	Frank Petle	ra	and and	1931
14. BIRTHPLA	CE (city or town)	unknown aly	Name of operation north Methods Name of operation north Date of Rhaguest and Laboratory Fundame What test confirmed diagnosis? And Laboratory Fundame What test confirmed diagnosis?	
15. MAIDEN I	NAME Tuykum	n	23. If death was due to external causes (VIDL ENCE) fill in also the followin	
	CE (city or town)	purn Ital	Accident, suicide, or homicide? Dete of injury	-
	pringfield state	Hospital Ricords !	Where did injury occur? (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	te) ACE.
18. DURIAL, CREM	alludial	Date May, 2019 33	Manner of injury	
19. UNDERTAKER (Address)	7. V. Pefri	vare md.	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED 7/16	21,18,19 33 4	Harry Herr Registrar.	(Signed) John A. Morres (Address) (5511) Deskesville Ma	M. D.
	If mor	e blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis ?	3 days ago
		193	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAINLY, WITH

V. S. No. 1

ż

of OCCUPA.

1. PLACE OF DEATH	- MARYLAND-	CERTIFICATE OF DEATH	1275
County Garroll		Section Sectio	?
	odline)	Registration Dist. No. Q	<i></i>
Village or City P. F. D.		ND. St., If death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residance In city or town whare das			
2. FULL NAME Palph	Leonard Pa	'estatt,	
(a) Residence: No.		St., Ward.	
(a) Nosidonoc. Nos.	(Usual place of abode)	If nonresident give city or town and	d State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH march = 1 =	, الح 193
5a. If married, widowad, or divorced		(Month) (Oay)	(Year)
HUSBANO of (or) WIFE of	V	22. HEREBY CERTIFY, That I attanded	deceased from
		7 2 by 14th, 1933, to mel 3 ord	, 19.3.3
6. DATE OF BIRTH (month, day, and year) / 93			; death Is said
7. AGE Years Months	Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.15.7m.	
3	ormin_	ware as follows:	Date of onset
Trada, profession, or particular kind of work done, as SPINNER,	nane	Broncho Prisumonia	27 70
SAWYER, BOOKKEEPER, etc.	****************	-	7/14/3.
work was done, as SILK MILL, SAW MILL, BANK, atc			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9 Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Oate dacaased last workad at this occupetion (month and	11. Total tima (yaars)		-
year)	occupation	2	
I2. BIRTHPLACE (city or town)	ll las	Other Coatributory Causes of importance:	
(Stata or country)	ghand.		
13. NAME / Verschet 24	Packett,		-
13. NAME / PERSERVE) H	roll las.	Nama of operation Date of	
(State of country)	upland.	What test confirmed diagnosis? Wes there an	au'opsy?
15. MAIDEN NAME Donis Q. 16. BIRTHPLACE (city or town) lown (State or country)	Welsh,	23. If death was due to external causes (VIOLENCE) fill in also the following	
To 16. BIRTHPLACE (city or town)	soll les.	Accident, suicide, or homicida? Oate of Injury	, 19
X (State or country)	englement.	Whare did injury occur?	
17. INFORMANT Don schol It	. Peckett.	(Specify city or town, county and States Spacify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE,
(Addrass) P.F.D. Horlb.	ice, reed.		
18. BURIAL, CREMATION, OR BEMOVAL	. march 7 21	Manner of injury	
Piece	. Uate	Nature of injury	
19. UNOERTAKER 6. M. Wals (Addrass) Francisco	3. ned,	24. Was disease or injury in any way related to occupation of daceasad?	
20. FILED. Mar 6, 1933 Ed	eluly of Region.	(Address) New Windson 7110	M. 0
If more bla		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURT	ER STATEMENTS BY PHYSICIAL
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
-	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-OCCUPA-1. PLACE OF DEATH item of should Village or City Jo PHYSICIANS Every Length of residence in city or town where death occurred statement RECORD. (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word) PERMANENT manuel. ACTL classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE OF EX 6. DATE OF BIRTH (month, day, and year) / certificate properly 7. AGE Months Davs If LESS than stated 1 dayhrs. 0 ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc._____ UNFADING INK-THIS OCCUPATION be be jo 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... back AGE should it may 10. Date deceased last worked at See instructions on 11. Total time (years) this occupation (month and spent in this so that year) _ occupation ... 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms, FATHER 13. NAME 14, BIRTHPLACE (city or town) (State or country) mation should be carefully MOTHER TION is very important. 15. MAIDEN NAME DEATH 16. BIRTHPLACE (city or town) (State or country) OF (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE CAUSE 19. UNDERTAKER (Address) B. Registrar.

If more blanks are needed, address State Registrar,

Registration Dist. No.	83
No. St. death occurred in a hospital or institution, give its NAME instead of street	Ward
	mosds.
St., Ward. If nonresident give city or town	and State
MEDICAL CERTIFICATE OF DEAT	н
21. DATE OF DEATH	P
March = // = (Month) (Day) /	(Year)
22. HEREBY CERTIFY, That I atter	nded deceased from
	11.19.33
	3.3.; death ts said
to have occurred on the date stated above, at 214 Acm.	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Datastana
Cerebral Hemontog	Date of onset
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Other Contributory Causes of importance:	
arterio Salerous	
Name of operation	4
What test confirmed diagnosist by Sa Oal full Was there	an autopsy?_/LLD
23. If death was due to external causes (VIOLENCE) fill in also the following	_
Accident, suicide, or homicide? Dale of injury	19
Where did injury occur?	(State)
(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	PLACE.
Manner ot injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased	2 10
If so, specity	)
(Signed)	oole M.D.
(Address) MY airy	/lla.
2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ii.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

1. PLACE OF DEATH	(93-c)	3
County Carrole	Registration Dist. No.	_
Village or City Pypesville	No. I Man spile State Hospital St., of death occurred in a hoppital or institution, give its NAME instead of street and number	
Length of residence in city or town where death occurred 4 yrs / 0 mos		. ds.
A	ryce	
(a) Residence: No. 2014 St. Paul (Usual place of abode)	St., Ward. Ballimore Md.  If nonresident give city or town and State	CHILLIA .
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Male  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Married.	21. DATE OF DEATH In arch 7 (Month) (Day) . 193	3 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	January 192 , 19 33, to March 7	1933.
6. DATE OF BIRTH (month, day, and year) July 7 1866	Clast saw hund aliva on Marah 6 , 1933; das	th Is sold
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	were as tollows:	e of onset
8. Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Data deceased last worked at whom this occupation (month and spant in this securation (month and spant in this spant in this securation (month and spant in this securation (month and spant in this spant in the spant in the spant in the spant in the spant in t		vil 92-8
9. Industry or husiness in which work was dona, as SILK MILL, SAW MILL, BANK, atc		
12. BIRTHPLACE (city or town) Wynet	Other Contributory Causes of importance:	pril
(State or country) Illinois		928
13. NAME Calmi Chester Roy ce		
13. NAME Calmi Chester Ray ce  14. BIRTHPLACE (city or town). Unknown (Stata or country) Vermont	Name of operation None Date of  Clinical Rights and Rymtoma Was there an autops	sy? hu
15. MAIDEN NAME anna Laura Isiles	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) lukewown (State or country) New York.	Accident, suicide, or homicide? Date of injury,  Where did injury occur?	19
17. INFORMANT Phringfield State Hosfietal (Records) (Address) Fykewille. Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18 BURIAL, CREMATION, OR REMOVAL SIDNELLING SULL Data Mar. 9, 19.3.	Manner of injury	
19. UNDERTAKER Shu 3. Mitchell (Address) Ballinore md.	24. Was disease or injury in any way related to occupation of deceased? Two	
20. FILED Mars. 7, 19 23 CHarry Deer Registrar.	(Signed) John N. Morrie (Address) [5541 Pykleville, Md.	M, D
If more blanks are needed, address State Revistrar	2411 N Charles Street Baltimore Requesting 9) S No .	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonilis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Perilonitis  Other contributory causes of importance:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH pluods County Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city of town where death occurred How long in U.S. if of foreign birth? statement 2. FULL NAME SI (a) Residence: No. PHY (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3, SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) idaw classified 5e. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I ettended deceased from (or) WIFE of × certificate. 6. DATE OF BIRTH (month, dey, and year) properly 7. AGE Yeers Months Days If LESS then to heve occurred on the dete stated ebove, at ... The PRINCIPAL CAUSE OF DEATH and related ceuses of importance min. were as follows 8. Trade, profession, or particular TION he kind of work done, es SPINNER, Jo SAWYER, BOOKKEEPER, etc .... back pluods may 9. Industry or business in which OCCUPA work was done, es SILK MILL. SAW MILL, BANK, etc .... 10. Date deceased last worked at 11. Totel time (years) On this occupation (month end spent in this that occupation instructions AG 08 12. BIRTHPLACE (city or town) (State or country) plied. erms, FATHER 13. NAME See 14. BIRTHPLACE (city or town plain (Stete or country) efully Whet test confirmed diagnosis? HER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in elso the following: = P Accident, suicide, or homicide?_____ Dete of injury_____ 19____ 16. BIRTHPLACE (city or town) 20 (State or country) be Where did injury occur? .... 1 (Specify city or town, county and State) DE. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. should very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE SE mation LION Nature of injury. UV 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) ż Registrar.

If nonresident give city or town and State

Date of onset

BINDIN

FOR

RESERVED

ARGIN

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Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	daViao	3 days ago
Other contributory causes of importance:		Other contributory		
Gallstones	May 1,1923	,1923 Gastroenteritis		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be - Welte PLAINCY, WITH Y. S. No. 1 N. B.-

1. PLACE OF DEATH	- Fiel 2
County Carroll WININ LON- :	Registration Dist. No.
Village or City. Westminster	No. 53 Cusus ploranca (LVS) Ward death occurred in a hospital or institution give its NAME instead of street and number)
Length of residence in city or town where death occurred of yrsmos.	ds. How long in U. S. if of foreign birth?
2. FULL NAME Firdinand N. J.	chaiffer
(a) Residence: No. 53 Omnsylvania (Usua) blace of abode)	Ware.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR-RACE OB DIVORCED (write the word) Male Mite Solution Market	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBANO ol	220 I HEREBY CERTIFY. That i attended deceased from
(OT) WIFE Olmanda E. Ruse	Jamon 18 1932 to Morch 1 1933
6. DATE OF BIRTH (month, day, and year abuif 3 1854	1 last saw h. Lun alive on Mosch 1 1933 death is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, atm.
78 10 26 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Januar	
	Human of Rain Prince
work was done, as SILK MILL, SAW MILL, BANK, etc.	- Cather I I State, straight
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years) spent in this occupation	Left Rolandie area -
1 00 +-	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	
13. NAME Hoale Seleauffer	
14. BIRTHPLACE (city or town)	Name of operation June Data of World
(State or country) Maryland	What test confirmed diagnosis? You was there an autopsy? 40
15. MAIDEN NAME Elizabeth Kessler	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country) Marylace	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT. Work S. Acheauff & (Address)	Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Trider's Centery Oate Mars. 3., 1933	Nature of injury
19. UNOERTAKER J. G. Strenner & Soul (Address) / H. Ammuster Med.	24 Was disease or injury in any way related to occupation of decaased? Wo
20. FILEO 3/5 1933 Paceros Scort	(Signed) Shurher on M. C.
Registrar.	(Address)

40000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

N. B.—WRITE PLAINLY, WIT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT REGORD. Every item of infor-MARGIN RESERVED FOR BINDING

STATE OF	MARYL	AND-	CERTIFICA	TE	OF	DEATH
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02774

1. PLACE OF DEATH	(731)	
County Carroll	Registration Dist., No.	4
Village or City Rypesville	No. I Mingfield State Hospital St., Of death occurred in a hoppital or institution, give its NAME instead of street and n	Ward
0 2 0	os. 7 ds. How long in U.S. if of foreign birth? 47 yrs. Luck mo	s. ds.
2. FULL NAME John William Scott	Echani Man	U. \.
(a) Residence: No. Lokad ( Mad (Usual place of abode)	St., Ward. Celkudge, Maryla	Sinte.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male Midowed	21. DATE OF DEATH March 13th (Month) (Day)	, 193 3 (Year)
50. If married, widowed, or divorced HUSBAND of Charlotte Cruicks Lauh	22. 1 HEREBY CERTIFY, That I attended of December 312 1932 to March 132	deceased from
6. DATE OF BIRTH (month, day, and year) December (Markaman 1866		: death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 4.47 P.m.	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER. Murchant SAWYER, BOOKKEEPER, etc.	Cerebral arteriosclerosis	1928
kind of work done, as SPINNER. Merchant  SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at lumburn   11. Total time (years) 3.7444		
10. Date deceased last worked at lunion 11. Total time (years) 3 7 years) 10. Date deceased last worked at lunion 11. Total time (years) 3 7 years)	yak.	
12. BIRTHPLACE (city or town) Lottend (Stata or country)	Other Contributory Causes of importance:  Chrome Interstial Netherities and	1932.
E 13. NAME David South	mitral Stenosis.	1,02
14. BIRTHPLACE (city or town). Sootland	Name of operation Worne  Physical and Labor along from  What test confirmed diagnosis?  Was therefore a	dings no
15. MAIDEN NAME Margarite Turbyne  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIDL ENCE) fill in also the following	:
16. BIRTHPLACE (city or town) (Stata or country)  Colland	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Daringfried State Hospital 1 Recorded	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	e) ACE.
(Address) Dykerrele, Ind.	Manner of inlury	
Place ted tutte Date han /619 3	Manner of injury	
19. UNDERTAKER The Assessment of the Assessment	24. Was disease or Injury In any way related to occupation of deceased?	20
20. FILED Mars .1 3, 19.33 askarry Wass	(Signed) John h. Morrise (Address) (S.S. H.) Pyklsoville, Mary	M.D.
If more blambs are needed address State Registry	1	

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ADDITIONAL	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE

N. B.

V. S. No. 1

item of inforshould state of OCCUPA.

1	L. PLACE O	F DEA	тн	Maryla	YLAND- nd Tuberc Colored B	ulosis s				2775
	Village or C	ity_He	enryton		and. (li	death occurred in a	bove)	give its NAME it	St,	number)
2	. FULL NA	ME. I	Mildred	Regina	Scott St., Balt		m 70 V		e city or town and	
ar lar uni	PERSON	AL AN	D STATIST	CAL PART	ICULARS	М	EDICAL CER	TIFICATE O	OF DEATH	
	sex Femade		r or race Lored		RRIED, WIDOWED, ED (write the word) 10d	21. DATE O	Mar	ch 26,	1933 (Day)	, 193 (Year)
5e.	If married, widow HUSBANO of (or) WIFE of	ed, or divo		lliam S	cott		HEREBY 0 5, 1932,			
6. 1	DATE OF BIRTH	month, day	y, and year)	larch 5	. 1902	I last saw her	alive on Mar	ch 26,	1933,	; death is sai
7. /	AGE Yea		Months	Days 21	If LESS than I day,hrs.		on the date stated at CAUSE OF DEATH a			1
NOI		ork done,	articular as SPINNER, PER, etc.	House	wife	P	ulmonary	Tuber	ulosis	Date of onse
OCCUPATION		done, as S L, BANK, o	SILK MILL, etc	Unkno						June 1932
00	10. Date decees this occu year)	ed last wor pation (mo	ked et ^{nth} ambuknov	m sp	time (years) ent in this Unkno	vn.	,			-
12.	BIRTHPLACE (ci		Sykes Mary	ville		Other Contributor	ry Causes of importa	nce:		
ER	13. NAME		James	Johns	on					
FATHER	14. BIRTHPLACE (State or		Unkno			Neme of operation	n ed diagnosis?	0	Date of	11
ER.	15. MAIOEN NA	ME	Isabe	elle Bo	ardley	23. If death wes du	e to external causes	(VIOLENCE) fill in	n also the followin	g:
MOTH	16. BIRTHPLACE (State or	(city or to	wn) Unkno				or homicide?	Oal	te of injury	, 19
17.	INFORMANT	John	E. O'Ne	eill, M	. D.	Specify whether i	njory occurred in th		wn, county and Sta E, or in PUBLIC PL	

(Address) 18. BURIAL, CREMATION Manner of injury Nature of injury 19. UNOERTAKER (Address) If so, specify 20 FILEO 3/26/33 (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state OCCL PHYSICIANS statement Exact classified. FOR BINDING EX certificate. properly MARGIN RESERVED of back should may See instructions on so that supplied. OF DEATH in plain terms, e carefully TION is very important. mation sh CAUSE

V. S. No. 1

18. BURIAL CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 75 County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How,long in U.S. if of foreign birth? ______yrs. ____mos. ____ds. 2. FULL NAME Ward. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dev. and year) 7. AGE Years Days Months if LESS then or .... min. 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPATION Midustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceesed lest worked at this occupation (month and 11. Totel time (yeers) spent in this 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address)

		(Month)	(Day)	(Year)
22.		Y CERTIF		
		3-28		33; deeth is said
		ated above, et [13		
	AL CAUSE OF DI	ATH end related cau	P 4	
				Date of onset
Geri	bral .	Heman	melas	0 3/40
				/1933
Other Contrib	utory Causes of la	mportence:		
Neme of oper	ation		Date	of
Whet test con	firmed diagnosis?		Wes there	an autopsy?
3. If death we	s due to externel	causes (VIOLENCE)	fill in also the follo	wing:
Accident, suic	ide, or homicide?		Date of injury	, 19
Where did inj Specify wheth		(Specify city o d In INDUSTRY, in H	or town, county and OME, or In PUBLIC	
Manner of inj	ury			
Nature of inju	ıry			
24. Was diseas	e or injury in an	y way releted to occu	petion of deceased	?
if so, specify		···· ()		1
(Signed)		ohns	Break	e2 M.D.
		21-	Lila. 1	10.0

Registrar.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

4		

V. S. No. 1

ż

of OCCUPA.

STATE OF MARY	/LAND-	CERTIFICATE OF DEATH	2777
1. PLACE OF DEATH		(5°0)	
County Carreall		Registration Dist. No.	4
Village or City Alpheracles		No x pring geold Ntate North	Loward
Length of residence in city or Lown where death occurred	yrsmos.	death occurred in a hospital of institution, give its NAME instead of street and nu 2 ds. How long in U.S. if of foreign birth? yrs mos.	mber) ds.
2. FULL NAME alua la	affec	1,	
(a) Residence: No. 8 6 7 (Usual place o		Ward.  If nonresident give city or town and S	inte
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE 5. SINGLE, MARR OR DIVORCED make	(wwite the word)	21. DATE OF DEATH  (Month)  (Day)	193 <b>3</b> (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chames Shap	Her	22. I HEREBY CERTIFY. That I attended de Lefet. 23, 1933, to Karch 114	
6. DATE OF BIRTH (month, day, and year) (Musicason)	1884	Hast saw blet alive on March 10, 1998;	
7. AGE Years Months Days	If LESS than I day, hrs.	to have occurred on the date stated above, at .5. /o .2. nt  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or parlicular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spend).	rife.	Carcinous of Presst	192
	me (years) t in this pation	Other Contributory Causes of importance;	
W 13. NAME Capa Teylar			
I /		Name of a section	
14. BIRTHPLACE (city or town) Muck a a m. (State or country) Marcy Laced		Name of operation Date of What test confirmed diagnosis? Was there an au	annu?
15. MAIDEN NAME (Catherine Vy  16. BIRTHPLACE (city or town) lechenamy  (State or country)	fee.	23. If death was due to external causes (VIOLENCE) filt in also the following:  Accident, suicide, or homicide?	
17. INFORMANT Nachetal Recais	do	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL CREMATION, OR REMOVAL  Place of the Control of the Cont	14/19.32	Manner of injury Nature of Injury	
19. UNDERTAKER There (Address)	wa.	24. Was disease or injury In any way related to occupation of deceased?  If so, specify	
20. FILED Mars. 1 1932 Charry	Registrar.	(Signed) March M. Rela (Address) Syfreswill	M. O

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Was there an autopsy? 23. If death was due to externat causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of injury 4 _____ 19. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 24. Wes disease or injury in eny way related to occupation of deceased? herde. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Ward

193 3

(Year)

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PUREAU V.S.			
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Gallstones	May 1,1923	Gastroenteritis	1 year

444	STATE OF MARYLAND—C	CERTIFICATE OF DEATH	0
infor- state UPA-	1. PLACE OF DEATH	92-2	J
ould OCC	County Garrall 7	Registration Dist. No.	4.07
item of should of OCC	Village or Cityman Mayfury	ND. St., We death occurred in a hospital or institution, give its NAME instead of street and number)	/ard
	Length of residence in city or town where death occurredyrs,meg.	ds. How long in U.S. if of foreign birth? yrs mos.	_ds.
Every CIANS ement	2. FULL NAME William Calnin St	ousific	
	(a) Residence: ND. Janeytyon R-1	St. Ward.	
N X	(Usual place of abode)	If nonresident give city or town and State	
RECC Pr Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
EX.	3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Month)  (Month)  (Month)	)
ANENA CT I	5a. If married, widowed, or divorced HUSBAND of	and the period of the latest decided	
IAN IAN A C Ussi	(or) WIFE of mette murtle stresser	1 HEREBY CERTIFY, That I attended deceased f	12
CLX R	nA+ 30 1870	Hast saw han elive on May 15 May 19.33 deeth is:	said
IS A PE stated E properly certificate	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the dete stated abova, at 7 /3 0 Am.	
IS A I stated proper ertifica	621 3 23 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
st st	North enfancing or particular	were as follows:	nset
HIS be be	SAWYER, BDDKKEEPER, etc.	Organic Valvulas Hem ? The	24
may back		1 /93	3
	Industry or business in which work was done, as SLHA MILL, SAW MILL, BANK, etc		
INI INI E sh at it	O this occupation (month and spent in this occupation compation		
NFADING I NFADING I plied. AGE erms, so that instructions	Correll	Other Contributory Causes of importance:	
LDI LDI S. S.	12. BIRTHPLACE (city or town).  (State or country)		
IF A	13. NAME William Lo. Stonlarfle		
the company	14. BIRTHPLACE (city or town) / Ned (State or conglety)	Name of operation	-
y sul ain t	(Stale or country)	What test confirmed diagnosis?	
	# 15. MAIDEN NAME Jackel Bankard	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
INLY, WI be careful EATH in p important.	15. MAIDEN NAME Jackel Bankard  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19	
LLY,	₹ (State or country)	Where did injury occur?	
	17. INFORMANT Mrs. Um C. Stonesylve (Address) Tangent Aller Tud	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
E PLA should OF U	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place Dans 1 pale MM 28 1933	Nature of injury	
WRITI mation CAUSE TION is	10 HUDGOTANED ON STREET SHIP	24. Was disease or injury In any way related to occupation of deceased?	
TEOF	19. UNDERTAKER (Address)  January Who	If so, specify	
z pi	20, FILED Mch & 7, 1933 Molgaret P. Englar	(Signed) Server	M. I
Z	20, FILED & VOICE 1953 - 1 1 CONGRECE 1 1 MA SAUL	(Address) / and two Af	
	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting TO. S. No. 1.	

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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of OCCUPA.

1. PLACE O	F DEATH	או ואואוז	LAND		\$190
County	Carrall			Registration Dist. No.	al
Village or C	City Rykeone		7 (11	No.	number)
2. FULL NA	2 .	ke &	Traud The as	(STOUD)	os. ds.
PERSON	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	7
3. SEX	4. COLOR OR RACE		RIED, WIOOWED, (write the word)	21. DATE OF DEATH  Racel 26  (Month) (Day)	, 193 3 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	uns	OVOI OU IX		22. I HEREBY CERTIFY. That I attended aug. 26 ,1927 to Karel 26	. 19 33
6. DATE OF BIRTH 7. AGE Yes	(month, day, and year) Ass Months	oays 6	If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 3. 202 m  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is said
Kind of the SAWYER 9. Industry or work wa	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc. business in which s done, as SILK MILL, LL, BANK, etc.	ausem -	ije	arterioscherssio	5- 192
- (1113 0000		Rusa	ne (years) t in this pation	Other Coutributory Causes of importance:	
13. NAME  14. BIRTHPLACE	The W (city or town)	better	n.,	Name of operation	autonsy? V
15. MAIDEN NA 16. BIRTHPLACE	ME Maky !	Leuces	'y	23. If death was due to axternal causes (VIOLENCE) fill in also the following	3:
16. BIRTHPLACE (State or 17. INFORMANT (Address)	(city or town) the country) Percu	Lee Lee	ela.	Accident, suicide, or homicide? Date of injury  Where did Injury occur?(Specify city or town, county and Stat  Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PL	e)
18. BURIAL, CREMAT	ithersburg, M.	Date 3	128,1933	Manner of injury  Nature of injury	
19. UNOERTAKER (Address)	Saithus	stree	mid.	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify	no
20. FILED Mai	.76 19 33 C	Harry	Registrar.	(Signed) Massed M. These Massed M. (Address) Raphasinelle Ma	M. D.
	If more	blanks are needed, as	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MADVI AND CEDTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	651
1. PLACE OF DEATH		
County Carroll	Registration Dist. No. 7/	
Village or Cityhlan Uniontown	No. St.	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and no	imber)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth? yrs mos	ds.
2. FULL NAME Darge Stutts		
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	dale
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	3 23	102 3 3
is If married wildows as discount	(Month) (Day)	(Year)
6a. If married, widowed or divorced HUSBAND of Mary Catherina Stulls	22. I HEREBY CERTIFY, That I attended d	eceased from
6. DATE OF BIRTH (month, daylind year) July 10, 1863	I last saw h alive on 3-22- 1933	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6. 9m.	
69 8 /3 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8 Trade profession or particular	0	Dete of onset
	Caucer	6 miss
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Drive Late	
10. Date deceased last worked at 11. Total time (years)	V/200	
this occupation (month and spant in this year)		
24.8	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) (State or country)		
1 13. NAME VAN STULLS		
	No. of a continu	
( State or normity)	Name of operation Data of  What test confirmed diagnosis? Was there an au	
15. MAIDEN NAMELINGAL WILLIAMS	What test confirmed diagnosis?	ropsy?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	19
(State of country)	Where did injury occur?	, 4
17. INFORMANTI LITTUR Stulls	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	) DF
(Address) New Wandson No	-nr	V In (
18. BURIAL, PREMATION, OR REMOVAL	Manner of Injury	
h Maced Norm. unitation Date May -20, 1933	Nature of injury	
19. UNDERTAKER OF THIS YOU	24. Was disease or injury In any way related to occupation of deceased?	
(Address) anewown on s	If so, specify	
20, FILED Mar 25, 1933 Margaret R. Engla	(Signed) To 1 they q	M. D.
Registrar.	(Address) Thurs Buty	- less

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-A PERMANENT RECORD. Every item of inforpluods PHYSICIANS Exact statement EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. stated IS UNFADING INK-THIS be mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may B.-WRITE PLAINLY, WI

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state

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	98.0
County Carroll.	Registration Dist. No. 74
Village or City Springfield State Hospita	al, No. Sykesville, Md. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	nos. 14 ds. How long in U.S. if of foreign birth?
2. FULL NAME Louise Kirby Walker,	
(a) Residence: No. 1414 E.Biddle St., Bal. (Usualplace of abode)	to. St., Maryyland.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Walker.	Feb. 9, 19 33 to March 24, 19 33.
6. DATE OF BIRTH (month, day, and year) Feb. 10.1872.	Hast saw h. er alive on March 24. 19. 33 death is seid
7. AGE Years Months Days If LESS than	
61. 1. 14. lday,h	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Coronary Thrombosis. 3/24/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. IO. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation  12. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)	Other Castributory Causes of importance: Chronic Arteriosclerosis With Myocarditis.
≝ 13. NAME Dennis Kirby,	The volume of th
13. NAME Dennis Kirby,   14. BIRTHPLACE (city or town)   Ireland. (State or country)	Neme of operation Clinical Date of What test confirmed diagnosis? Symptoms. Was there an autopsy? No.
# 15. MAIDEN NAME Anna Travers,	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Anna Travers,  16. BIRTHPLACE (city or town) New Jersey.  (State or country)	Accident, suicide, or homicide?
17. INFORMANT S.S. Hospital Records, (Address) Sykesville, Md.	(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, GREMATION, OR REMOVAL  THE Dete MAN. 27, 193	Manner of injury  Nature of injury
19. UNDERTAKER And Cook (Address) Latineau ma	24. Was disease or injury in any way related to occupation of deceased? No.
20. FILED Mar. V.S., 19. 33 Q Harry New	(Signed) State of Market Alle M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Telegraph and the second	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	CountyC			Laryla	,	ed Branch Registration Dist. No. 74  No. (above) St.	Ward
				death occurred.	(1)	No. St, f death occurred in a hospital or institution, give its NAME instead of street and numb s. 25 ds. How long in U.S. N of foreign hirth? yrs. mos.	oer) ds.
2	FULL NA						
	(a) Resider	nce: No.	592 Fre	sstman (Usual place	St. Bali	to st, I'd . Ward.	c
	PERSON	AL AND	STATIST	ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
3. S	Nale		or race	5. SINGLE, MARI OR DIVORCEE Harr:	RIED, WIDOWED, O (write the word) i ed	21. DATE OF DEATH  March, 12, 1933 (Day)	3. (Year)
5a.	If married, widov HUSBAND of (or) WIFE of	ved, or divor		garet W	nite		ased from
6. I	ATE OF BIRTH	(month, day,	and year)	ar., 20	, 1888	Hast saw h_im alive on March 12, 1933, de	ath is said
7. A		ars	Months	Days	ff LESS than 1 day, hrs.	to have occurred on the date stated above, at 6.10 .m	
		14	ll ticular	1 12	or / min.	4.14	ate of onset
ON	8. Trade, profe kind of SAWYER	work done, a R, BOOKKEEP	ER, etc.	Butler			
CUPATIO	9. Industry or		which	Unknown	n		July.
CCL	10. Date deceas	sed last work	ked at	11. Totaf ti	me (vears)		1.3.2
	vear)	upation (mon	manning	WIL 063U	nt in this inknow	Other Contributory Causes of Importance:	
12.	BtRTHPLACE (c			mbia,	i na		
12.	(State or cou		Sout	h Carol:			
THER.	(State or cou	untry)	John				0
FATHER	(State or could state	untry)	Sout John Colu	h Carol:	te	Name of operation. O Date of	-7
FATHER	(State or could state	entry) E (city or tow or country)	Sout John Colu Sout	h Carol: son Thi mbia	te	Name of operation	psy?Us
HER FATHER	(State or could shape of could shape	EE (city or tovor country)  AME  EE (city or tov	John John Sout Emma	h Carolison Thi unbia th Caroli Emline	ina	Name of operation	psy?Us
MOTHER FATHER	(State or could be state or co	EE (city or too or country)  AME EE (city or too or country)  Tohn	John John Colu Sout Emma wn) Fore Sout	h Carolison Thimbia h Caroli Emline	ina ina . D.	Name of operation	psy??
MOTHER FATHER	(State or cou- 13. NAME  14. BIRTHPLAC (State of 15. MAIDEN N. 16. BIRTHPLAC (Address) BURIAL, CREMA	EE (city or town or country)  AME EE (city or town or country)  John Henry  TION, OR RI	John John Sout Emma wn) Fore Sout O'N vton,	h Carolison Thirmbia th Carolisence th Carolisence th Carolisence th Carolisence th Carolisence	ina ina . D.	Name of operation	psy??
MOTHER FATHER	(State or cou- 13. NAME  14. BIRTHPLAC (State of 15. MAIDEN N. 16. BIRTHPLAC (State of 15. MAIDEN N. 16. BIRTHPLAC (State of 15. MAIDEN N. (Address) BURIAL, CREMA	EE (city or town country)  AME  EE (city or town country)  Tohn  Henry  TION, OR RI	John John Sout Emma wn) Fore Sout  vton,	h Carolison Thirmbia th Carolisence th Carolisence th Carolisence th Carolisence th Carolisence	ina ina . D.	Name of operation	psy??

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Chronic interstitial nephralis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
13 8 8			
Other contributory causes of paportance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requering V. S. No. 1

BINDING

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	J		

BINDING

RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I			Example II		
The principal cause of de of importance were as foll	ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	APR 4 1933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH  County Carrell  Village or City Mr. Blasant Cally  Langth of residence in city or town where death occurred	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Av. Pleasant John Mon.  Length of residence in city or town, where death occurred.  Length of residence in city or town, where death occurred.  (a) Residence: No.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE, MARRIED, WIOWED, OR DIVORCED Carrier the world  FUSAND OF HUSBAND OF HUSBAN	1. PLACE OF DEATH	(165)
(If death occurred in a horpital or institution, give its NAME instead of street and number)  2. FULL NAME  (a) Residence: No.  (busing place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARKIED, WIDOWED, OR DIVORCED (write the wayst)  For June 1 (June 1)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  1 day, his, or min.  8. Trade, profession, or paticular  S. SINGE, Markied, June 1 (Jay)  1. Date of eceased last worked at the deceased last worked at the superior occupation  10. Date deceased last worked at the superior occupation  Other Coetribetery Causes of importance:  Name of operation.  Date of occupation  Other Coetribetery Causes of importance:  Name of operation.  Name of operation.  Date of computery  West here an autopsy?  West here an autopsy?	county Carroll	Registration Dist. No.
Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs mos. ds.  2. FULL NAME (a) Residence: No	Village or City & Bleasant Valley	
(a) Residence: No.	1	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED Corrice the word)  So. If married violances divorced HUSBAND of feet HISBAND OF FE	2. FULL NAME Co. Jobias Jinglina	×
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*acrite (he word))  OR DIVORCED (*acrite (he word))  Sa. If married, widowed and invorced (Month)  S. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day,	(a) Residence: No. Westminister R. # (	St., Ward.
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Curric the word)  5a. If married, widowed or divorced HUSBAND of Carry HIFE of		
OR DIVORCED (winter the world)  5a. If married, widewed, as divorced HUSBAND of Gery Husband o	PERSONAL AND STATISTICAL PARTICULARS	
HUSBAND of feet WIFE of feet with the feet with the feet of feet wife	OR DIVORCED (write the word)	March 2/ 1933
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  A  A  A  A  B. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.  SAWYER, BODKKEPER, etc.  9. Multi, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Name of operation.  Name of operation.  Name of operation.  What test confirmed diagnosis?  Was there an autopsy?	HUSBAND of	(Il late a star
7. AGE  Years  Months  H  A  A  A  I day,nts. ormin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  Houstry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRT HPLACE (city or town) Stefe or country)  Name of operation.  Name of operation.  Name of operation.  Name of operation.  What test confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?	100 D 1680	1 11 22 32
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:    Sawyer Bookkepper etc.		
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BODKKEEPER, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  Name of operation. Date of (State or country)  Name of operation. What test confirmed diagnosis? Was there an autopsy?	1// 1/ 1/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
SAWYER, BODKKEPER, etc.   SAWYER,	8. Trade profession or particular	were as follows: Date of onset
year)  Occupation  Other Coutributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME TO THE COUNTRY Causes of importance:  Name of operation.  Name of operation.  What test confirmed diagnosis?  Was there an autopsy?	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	
year)  Occupation  Other Coutributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME TO THE COUNTRY Causes of importance:  Name of operation.  Name of operation.  What test confirmed diagnosis?  Was there an autopsy?	9 Industry or business in which work was done as Stt K Milit	
year)  Occupation  Other Coutributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME TO THE COUNTRY Causes of importance:  Name of operation.  Name of operation.  What test confirmed diagnosis?  Was there an autopsy?	SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town) (State or country)  13. NAME 14. BIRTHPLACE (city or town) (Stete or country)  Name of operation.  What test confirmed diagnosis?  Was there an autopsy?		
(State or country)  13. NAME 13. NAME 14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)  Name of operation.  What test confirmed diagnosis?  Was there an autopsy?	your your company	Other Coutributory Causes of importance:
13. NAME 13.		
14. BIR (HPLACE (city or lown) Date of State or (country) What test confirmed diagnosis? Was there an autopsy?		
What test confirmed diagnosis? Was there an autopsy?	E 13. NAMES DE SALVA	
mat test committee diagnosis:	4 14. BIRTHPLACE (city obtown)	
23. If death was due to external causes (VIOLENCE) fill in also the following:		
Accident, suicide, or homicide? Autuil. Date of Injury 12/12/19813	E SOLD	
State or country)  Where did injury occurrent hims from Classification ball	O 16. BIRTHPLACE (city or town)  (State or country)	at 1. Has DI Klai
(Specify city or town, county and State)	Mrs. C. Jakas Amelinia	(Specify city or town, county and State)
17. INFORMANT (Address)	II. INTURMANT	( ) /
18. BURIAL, CREMATION, OR REMOVAL Manner of injury Strongwellers	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Strangenlaters.
Place Xlasant Valley Date May 30, 1933 Nature of injury Lything & Sungring	Place Xlasant Valley Date Mary 30, 1933	Nature of injury Lather Thunghing
19. UNDERTAKER Down 24. Was disease or injury in any way related to occupation of deceased?		
(Address) Janes Court, M. Signed) Christ Selevent a M. D.	3 5 6 27 0 1 1 1	VALLE ALL XIBERT
20. FILED (Signed)  Register. (Address) If flat most the first that the first tha	/ / Regist ur.	(Adgress) Mestimister MA

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BUREAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING

STATE	OF	MARYI	AND-	-CERTIFICATE	OF DEATH
SIAIL	VI	IVICALL	.AIV	CLIVIIIICATI	- OI DEAII

1. PLACE OF DEATH	(12)
County Carroll	Registration Dist. No.
Village or City Pleasent Valley	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth?
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Farmie Belle Zepp	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White White S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH  March  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Mathaniel Zepp	22. I HEREBY CERTIFY, Thet I attended deceased from Mar, 12 , 19.33, to Mar, 23 , 19.33
6. DATE OF BIRTH (month, day, and year) August 1 1869	I last saw h. B. alive on Mar, 23 , 19.33; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, a 30 P.om.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Broncho Pneumonia Mar, 12  Acute Dilatation of heartMar, 28
10. Determined this occupation (month and year)  11. Total time (years) spent in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Qarroll Go., (State or country) Maryland.,	Chronic Parenchymatous indef
₩ 13. NAME Henry 5. Wantz	inite
14. BIRTHPLACE (city or town). Carroll Co., (State or country) Maryland.,	Name of operation
置 15. MAIOEN NAME Lucinda Circle	Whet test confirmed diagnosis?
16. BIRTHPLACE (city or town) Carroll Co., (State or country) Maryland.,	Accident, suicide, or homicide?
17. INFORMANT Archia Zapp  (Address) Westminster Md., R.R. 3  18. BURIAL, CREMATION, OR REMOVAL  Place Pleasent Valleyate Mar, 27, 1933	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury
19. UNOERTAKER C. O. FUSS & SON  (Address)  Tanoytown Md.  20. FILED Larra Sec., 193 3. Caller M. Registrar.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  United Mills

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